THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

VOL. XIII. VANCOUVER, B.C., MARCH, 1917 No. 3

Social Problems Involved in Maternity Cases

Read before the Medical Social Service Course, University of Toronto

(By B. P. Watson, M. D., F. R. C. S. E.)

The processes of pregnancy and labor ought, theoretically, to be strictly physiological processes unattended by danger to health or to life. Practically, however, we find that there are dangers. Some of those are inherent dangers which may arise, no matter what care be taken. The vast majority, however, are preventable conditions arising as the result of our Social System and calling for effort on our part to counteract them.

In a recent discussion of the "Care of the Pregnant Woman" at the Royal Society of Medicine, London, it was stated that in England and Wales there was an average of 3,500 deaths each year from child birth, whilst a far greater number endured preventable suffering and disablement. That is an enormous loss to the nation, for most of those women, had they survived, would have borne more children.

Then we must also take into consideration the foetal mortality. Just think of the enormous wastage of life involved in abortions, miscarriages, and the birth of still-born children! On an average, one pregnancy in every eight terminates in abortion, and under modern conditions this proportion is constantly tending to become higher. Three children out of every hundred born at full term are still-born, whilst a considerable number born alive are so feeble or are so neglected as to survive only a short time.

There is no need to enlarge further on the necessity for enquiring into the possibilities of preventing or reducing this great maternal and foetal mortality. The duty of doing so has always been before us and is more urgent than ever to-day when every life is such an enormous asset to the nation.

In approaching the question of prevention we must first tackle the problem of the reason for these untoward things happening. Let us therefore enquire into the causes of the high foetal and maternal mortality and morbidity and see whether anything we can do will reduce them.

Take the question of abortion with the enormous wastage of potential human life which it involves. This accident sometimes happens

LIBRARY
MEDICAL FACULTY,
McGILL

without demonstrable cause and may occur several times in the same individual and no reason for it be discovered. In the present state of our knowledge we have to recognize that there will always be a certain wastage from this cause, although doubtless the measures of general hygiene which we advocate throughout pregnancy will have some influence in reducing it. Many abortions are due, however, to definite causes which can be counteracted. Syphilis is one of the most common and important of these. The syphilis may be in the mother, in the father, or in both. It is often in an attenuated and masked form, but is never the less potent for evil. This is not the time to go into the question of the control of venereal disease, but obviously this is a question of the very greatest importance to the State and must enter largely into any broad scheme of Social Service work. In Britain they have recognized its vast importance and the State now supplies free every available means of treatment.

There is another aspect of this question of abortion which is a very real one on this continent—much more so, as far as my observation goes, than in Britain or in Europe, viz.: the induction of criminal abortion. It seems to me that the public here requires to be educated to a knowledge that when a pregnancy, no matter how early, is wilfully terminated, a legal and moral crime has been committed. There is a prevalent idea among women that so long as the pregnancy is terminated early, no offence has been committed. This of course, is absolutely wrong. Scientifically and morally an embryo of three weeks is just as much a living thing as a foetus of six months, and its wanton destruction just as much a crime. I am certain that Social Service workers, especially trained nurses such as you are, can do a great deal to develop a more enlightened public opinion in this matter. The matter is an urgent one not only from the point of view of loss of foetal life, but also on account of the enormous risks these women subject themselves to to get rid of the products of conception. Our wards in the hospital are never without one or more of such patients in a critical condition from septic poisoning.

Coming now to a later stage of pregnancy, we find that the causes of the maternal mortality we have mentioned are as follows—I quote you the statistics from a large English city over a period of ten years:—Albuminuria, 39 deaths; eclampsia 30 deaths, a total of 69 deaths from albuminuria and eclampsia; puerperal fever in its various manifestations, 32 deaths; following obstetrical operations, 11 deaths; antepartum and post partum hæmorrhages, 24 deaths; embolism, 10 deaths; intractable vomiting, 2 deaths.

Of these various conditions resulting in the death of the pregnant or puerperal woman, that of embolism and perhaps some of the hæmorrhages are the only ones which we may regard as not preventable. There can be no question at all that the great majority of the deaths from albuminuria and eclampsia, from puerperal sepsis and from obstetrical operations could have been averted had the patients been under proper skilled supervision during their pregnancies and confinements. In ob-

stetrics probably more than in any other branch of medicine, preventive measures are of the most supreme importance. The less of active interference at the actual time of labor the better. All our efforts should be directed during the preceding months towards making it possible for things to go on naturally at the time of delivery. The very derivation of the word "obstetrics" indicates this. It means, literally, "to stand by," and by standing by should be meant an attitude of watchful waiting. The possibilities of danger and difficulty are so great that every pregnant woman ought to be under skilled observation from the earliest stage of pregnancy. It is in this matter that the public requires educating—not only the lower strata of society, but also the middle and well-to-do classes. I would even go further and say that a great many of our medical men and nurses require to be better informed in this subject. It has been advocated in Britain that the notification of pregnancy be made compulsory and attempts have been made at voluntary notification in various cities. At present, however, public opinion is not educated up to this and we must wait a little longer. It was found that where such notification schemes were in force, there was a tendency on the part of women to defer calling in medical advice until late in pregnancy. The scheme therefore, to a certain extent, defeated its end.

It is therefore more and more incumbent upon us medical men and social workers to educate the public in this matter—to impress upon the pregnant patient how important it is for herself and for her unborn child that she should seek medical advice early. In the working and well-to-do classes this supervision ought to be exercised by the family physician or obstetrician. For the poorer classes there ought to be established in every city and in every district maternity centres to which pregnant women could apply for advice, and through which constant supervision could be exercised. Such maternity centres should be in direct connection or in close touch with an obstetrical hospital or hospitals. They should be staffed with physicians capable of making a careful and thorough obstetrical examination, and with nurses who would follow up the patients in their own homes. The patients ought to be encouraged to enter the hospital for their confinement. If, for any reason, they cannot or will not do so, provision ought to be made for having them attended in their own homes, where they would be confined with the same antiseptic and aseptic care as is exercised in hospitals. The work done at those centres ought to link up with the other branches of social service work in the district and especially with that dealing with the care of the child.

The sort of supervision that would be exercised over those patients would be something as follows:—

The general social condition of the patient would be enquired into and investigated, and any unsanitary conditions in the home surroundings remedied. The patient would be instructed in the general care of her health; her food, clothing and exercise would be supervised. If she were engaged in manual labor steps would be taken to relieve her of

this during, at any rate, the last three months of pregnancy. This last is most important. It has been found in the large manufacturing towns of England that women who carried on their work in mills up to the end of pregnancy invariably gave birth to puny, ill-nourished children, who were liable to succumb in the early weeks of their lives.

In such a centre as we are speaking of, regular systematic examinations of the urine would be made and on the first detection of anything abnormal, steps would be taken to have the patient treated. Thus the enormous death rate, both maternal and foetal, from albuminuria and eclampsia, would be materially diminished. We have seen that those two conditions are responsible for a very large proportion of obstetrical mortality. Eclampsia is essentially a preventable disease. The premonitory symptoms and signs are perfectly definite, and patients ought to be instructed to report at once if they show any of them, such as persistent headache, dimness of vision, flashing of light before the eyes, swelling of the face and hands, diminution of the quantity of urine, constipation and epigastric pain. In most such cases, if taken early, the condition can be controlled and the pregnancy continued normally to term. In a few cases it may be necessary to sacrifice the child in order to save the mother, but under the ideal conditions of which we are speaking, a mother's life should seldom be lost.

A most important part of the prenatal examination of the mother is the careful measurement of her pelvis to determine whether she is likely to be able to give birth naturally to a full term child. This is a matter which is too often neglected even in better class practice, and there is absolutely no excuse for it. In the statistics which I gave you, most of the eleven deaths following obstetrical operation would have been averted had this simple preliminary examination been made. If a woman is pregnant for the first time she is entitled to expect from whomever is looking after her that he satisfy himself that she can give birth to a living child. This matter is becoming of more and more importance in this country, owing to the greater number of cases of deformed pelvis which are met with every year. A great many of the women with such deformities and contractions are immigrants from Europe, but our own growing slum conditions are favoring the occurrence of rickets in children, which almost invariably results in pelvic contraction when adult life is reached. By a timely measurement of the pelvis an estimate can be made and the necessary operative procedure for the safety of the mother and child can be carried out. Whilst I am speaking of operative procedures, let me mention another matter on which I think expectant mothers require enlightenment, viz.: the danger to themselves and to their child of too early instrumental interference. Nature meant the child to be born by the unaided efforts of the mother. We have means of lessening her suffering and of shortening the duration of labor in anaesthetics and forceps, but the premature use of either of those, especially the latter, is disastrous. Too often this premature interference is encouraged or instigated by the patient's kind but ignorant

friends and relatives who think thus to save her suffering. It may save her a little pain at the time, but as a rule not in the long run. Well over seventy-five per cent. of the patients in my gynæcological wards are suffering from conditions directly resulting from such premature interference, and in many cases calling for extensive operations.

Puerperal sepsis is accountable for a large proportion of the maternal mortality. In the great majority of cases this is a preventable disease, and it is anything but creditable to us as a profession that it claims so many victims as it does. Its incidence can be diminished first by the careful preliminary examination of the patient and the treatment of any defective condition discovered during pregnancy, and secondly by the most careful attention to antiseptic and aseptic detail in the conduct of the delivery, whether this take place in the hospital or in the patient's home. In hospital we observe such details as a matter of course. In the patient's home they are too often absolutely neglected. Any hospital, dispensary, mission or centre, undertaking to look after parturient women in their homes ought to make provision for conducting the confinement under absolutely antiseptic conditions. This involves sending out with the attendant a complete sterile outfit; towels, gowns, gloves, pads, wipes, and instruments. The days when all that was considered necessary for the proper conduct of a labor could be carried in a small handbag should be forever passed, but, alas, are not.

By these simple means of exercising supervision over the patient from the earliest possible period of pregnancy, and providing the proper equipment for the labor, an enormous saving of maternal life could be effected. We cannot hope to abolish entirely mortality from childbirth, for such accidents as embolism and hæmorrhage will occur in spite of all we can do. These, however, form a very small part of the present day death rate.

With the mother safely conducted through her confinement and a healthy living child born, the social worker has another care on her shoulders. The mother must be nursed through the puerperium, and on the care given her at this time may depend her future health. Then she must be instructed regarding the proper feeding and clothing of her child. Unless under very special circumstances, the best food for the child is its mother's milk. As a rule in the lower classes there is little difficulty in getting the mothers to suckle their children. We often have much more difficulty with our better class patients. They all require instruction, however, in the importance of regularity of feeding, the importance of fresh air for the child, and regarding the proper clothing. This early supervision of the child can only be effectively carried out by one who has been in contact with and sympathy with the mother during her pregnancy and confinement. After one or two weeks the care of the child can be handed over to the children's clinic.

There are many other problems coming before the worker in the Maternity Department, such for instance as that of the unmarried mother. Time does not permit of going into those, but I think enough has been said to demonstrate the importance of the subject.

The Feeble Minded

(By Bertha Winn, Director Child Study Laboratory, Victoria, B. C.)

(Continued from February Number)

Causes, Care and Treatment.

The cases of feeblemindedness may be divided into two groups with respect to the factors which have casual relationship to this condition. *Primary* Amentia or feeblemindedness is due to a general impairment of the germ plasm, resulting in an incomplete development of the brain. In *Secondary* Amentia the germ plasm is healthy, but certain external influences acting before, during or after birth operate to arrest normal development. In the first case, according to the laws of heredity, the pathological variations are transmissible and the defect becomes innate and constitutional; while in the second the defect may not be transmissible. The following table will show the classification as made by Fredgold:

Primary Amentia—due to germinal impairment.
Neuropathic inheritance (includes 50% of all cases).
Alcoholism.
Tuberculosis.
Syphilis.
Consanguinity.
Age of Parent.

Secondary Amentia—due to external factors, acting upon the offspring.

(a) Before birth:
1. Abnormal conditions of the mother during pregnancy (1) mental; (2) physical.
2. Injuries to the foetus.

(b) During birth:
1. Abnormalties of labor.
2. Primo geniture.
3. Premature birth.

(c) After birth:
1. Traninathi—Traumatic.
2. Toxic.
3. Convulsive.
4. Nutritional.

As has been pointed out, the most frequent cause is neuropathic inheritance. This condition runs right through whole families, resulting not always in pure feeblemindedness, but manifesting itself in insanity, dementia, epilepsy, paralysis, heart trouble, tuberculosis, and all the other

ills common to neuropathic stock. Alcoholism, social diseases, tuberculosis, cannot be said to be the causes of defectiveness so much as the accompaniment or result of the neuropathic *predisposition*. Nervous instability, excessive peripheral irritability, imperfect functioning are the antecedents of degenerate habits and vicious practices more often than the consequences. And it is because this is true that we have hopes of checking the spread of these pernicious evils by segregating persons with morbid hereditary tendencies.

The cases of Secondary Amentia are not comparatively very numerous, but they occur with enough frequency to make the study of them highly important. If one could rely on the facts given by most relatives of defectives, one would be inclined to believe that the greater majority of cases was due entirely to secondary causes, and it may well be that this is the firm conviction of most of those who give the history of the cases. But the trained worker in the field knows the signs and can draw her own inferences from the testimony she receives. I well remember a defective boy who was brought to me at the age of twelve. He could neither read nor calculate, though he was very clever in manual work. Little by little I extracted the information that there had been eight children in the family, all of whom exhibited some great physical weakness. Two had died of heart trouble at the ages of 12 and 14, one of tuberculosis, two whom I should call moral perverts, had run away from home for reasons that were not at all justifiable; and the remaining two were of the lazy and shiftless type, perfectly contented to rest down at home without making an effort to wait on themselves or contribute in any way to their own support. A record like this is most abnormal and one from which no other possible conclusion can be drawn than that a hereditary taint of degeneracy must have blighted them all. But to speak further of secondary causes, it is indisputably true that neglect, disorder, malnutrition and maltreatment during the period of infancy may leave a permanent effect upon the child's mental and physical development and one that cannot be overcome by the most skilled and patient treatment later. Every child born into the world needs the most comfortable surroundings possible and the best of nourishment and care. It would seem that in the vast majority of cases, feeble-minded children were the most neglected, where they should have many times the attention that the normal child receives. Frailty is added to frailty and their weaknesses accentuated by the indifferent treatment they receive.

Provision should be made for the early training of defectives, since left to themselves, habits in keeping with their sluggish mentalities are formed, and being much slower to respond to stimulations than normal children, they soon sink into a level of mental functioning so dull that it is difficult to arouse them. Almost all feeble-minded children above the imbecile stage can be trained to do something useful. They can at least develop habits of cleanliness and order, and these are often more valuable for practical purposes than lessons learned from books. Most morons can learn to read and write and handle numbers a little, but

unless they are capable of reaching a stage where these attainments are a real pleasure to them the time had much better be spent in teaching them useful occupations. It is not absolutely necessary that everyone should read and write, but it is vital that every one should be self-supporting and that he should enter into a task in which he can succeed; for success in however small a way is the greatest stimulant to mental functioning that experience records. Handwork of all kinds, music, rythm, and games should constitute the entire programme for the feeble-minded.

There is one and only one solution to the problem of the feeble-minded. For their own protection and the protection to society they must be segregated and placed in institutions. The farm colonies that are being provided for them everywhere would seem to meet the demand for their disposition in the wisest, most economical and most humane way. This method furnishes a great variety of occupations entailing much out-of-door life, which is essential to their well-being. The housing in cottages gives them a real interest in community life, and an opportunity to express their home-making and home-keeping instincts.

It also necessitates the continuous performance of a chain of tasks, thus approaching the responsibility of normal home life and in time comes to develop a real and vital personal interest in self maintenance. More than all, it furnishes them an opportunity to make the widest and happiest use possible of what talents they possess, which is the plain duty of every community toward its citizens.

To postpone taking care of this helpless class is the greatest folly a state can be guilty of, for it is only a postponement. One-fourth of our public revenues is devoted to the care of our delinquents and dependents. *In the end* public or private charities care for every single individual case of defectiveness and this, mark you, after incalculable harm has been done, thousands of innocent lives exposed to the infection, untold miseries added to the category of human woes! To let this evil run rampant in our midst bespeaks the greatest of shortsightedness, both financial and moral, for the cost of the prevention is as nothing to the cost of the cure in terms both of money and human life. There are in British Columbia at the least calculation one thousand institutional cases of defectiveness. After the initial cost of housing is allowed for, the cost of maintenance per person would be in a liberal estimate $250.00 per year, and this supposing that the subject is able to contribute nothing in the way of labour to his support. Compare these figures with those recently compiled in a survey made in Indiana. One family whose members are all defective has cost the county alone $10,000.00. When one reflects that this means only dollars and then takes into account the lives that have been wrecked and the irreparable injuries that have been inflicted upon society, the damage done assumes enormous proportions. Let no one deceive himself into thinking that to curtail expense in this direction is to practise a true economy—nothing could be farther from the truth. The ultimate cost

of caring for these cases will be tenfold that of a timely protection and the public can devote the extra money and the extra energy to the promotion of constructive schemes for human progress.

*Large Quantities of Milk in the Treatment of Disease

(By J. E. Crewe, M. D., Rochester, Minnesota)

(*From the Journal-Lancet*)

The treatment of disease by the exclusive use of milk, with practically no other food or medication, while not new, is, I believe, unusual, at least in this country. Ordinarily, when the milk treatment is prescribed, the daily quantity seldom exceeds three or four quarts.

Theoretically, considering its important elements,—sugar, salts, albumin, water, and vitamines,—milk should be ideal in the treatment of disease. As a food it is the most nearly perfect of any substance. It contains all the elements necessary for the growth of tissue and the maintenance of the body. Chemically it resembles blood; and it is blood before it is milk. Osler speaks of it as being "nothing more or less than white blood." Pavlov states, "There are properties of milk which secure for it an exceptional position. Milk, when compared with other foods in nitrogen equivalents, requires the weakest gastric juice and smallest quantities of pancreatic fluid. Consequently the secretory activity necessary for its assimilation is much less than for any other food. When milk is introduced mechanically into the stomach of animals, it causes a secretion both from the stomach glands and from the pancreas; consequently it appears to be an independent chemical excitant of the digestive canal, and in this action there is no essential difference whether the milk be introduced directly into the stomach or be given to the animal to lap. Milk excites not only a really effective, but also a very economic secretion, and the appetite is made to stimulate this secretion into a more active or abundant flow. The price which the organism pays in digestive work for the nitrogen of milk is much less than for any other food."

Milk makes more blood, and better blood, faster than any other substance; moreover, it is an excellent diuretic, and large quantities are eliminated by the kidneys, without irritation, as is shown by the remarkable and rapid improvement of patients with inflammatory renal disease when placed on a milk diet. The hot baths prescribed result in profuse diaphoresis.

I think we can say that, speaking broadly, most diseases are due to poisoning from pathologic bacteria, from faulty elimination of the toxins generated in the body tissues, or from defective blood or defective circulation resulting in malnutrition of certain tissues or parts of the body.

*Read at Mayo Clinic Staff Meeting, November 15th, 1916.

Obviously, then, to cure disease we should seek to improve elimination, to make better blood and more blood, to feed the tissues, to destroy the invading bacteria, to quickly remove bacterial and other toxic products, and to build up the body resistance. It is doubtful if there is any drug or group of drugs that will do this satisfactorily and quickly.

About three to three and one-half quarts of milk daily will sustain the average adult indefinitely under ordinary circumstances. If the patient can be made to assimilate from three to five quarts more, combined with complete rest and baths, we have a wide margin to go toward correcting the conditions causing disease, for reasons mentioned.

There are some difficulties in the way of feeding patients from six to eight quarts of milk a day; but, while we have unpleasant complications, we are able to overcome these difficulties in nearly every instance. There should be no iron-clad rules; discretion must be used. As a general thing we begin the treatment by giving the patient large quantities of water and oranges, or orange juice, without other food, for one or two days. Following this the patient is confined strictly to bed, but is allowed to walk to the bathroom when necessary, unless this is contradicted. In most instances the daily feeding begins with three or four quarts of milk, given half-hourly, thirty-two times a day. We begin at 6 a. m. and continue half-hourly feedings until 9.30 p. m. A daily enema of soapy water or salt solution is important, because patients to whom it is not given frequently have gas distention and nausea, and develop an aversion to the milk. In addition to the milk the patients are allowed a dish of prunes or orange juice daily. No other food or water is given. We plan to increase the amount of milk given one quart every other day until we have reached the amount the patient can take, which in most cases is from six to eight quarts. I have had one patient who drank twelve quarts of sweet milk and three quarts of buttermilk a day for two weeks, during which time he gained twenty pounds. I have had patients gain twenty pounds in two weeks also on eight quarts a day. We use Guernsey or Holstein milk according to the case, and sometimes give part buttermilk. I am convinced that, to obtain the best results, whole raw milk must be given in large amounts combined with complete rest in bed and hot baths. It is a curious fact that while thin people gain rapidly in weight, stout people gain very little, though they seem to improve equally well.

Unless contra-indicated each patient is given a hot bath daily, lasting from ten minutes to three-fourths of an hour, and then wrapped in a blanket to cause perspiration.

During the last four years I have treated 136 cases by this method, and I have not included in this list a large number of patients to whom I have given large quantities of milk combined with other treatment. These cases may be divided roughly into the following groups:

Tuberculosis	18 cases
Arteriosclerosis	18 cases

Chronic rheumatism	8 cases
Chronic nephritis	8 cases
Gastric ulcer	4 cases
Diseases of the nervous system	21 cases
Unclassified	51 cases

The unclassified group includes a large variety of cases, but most of them were those of patients who were recorded as being "run down," anemic, and ill-nourished,—not well, but without definite lesions. Some of these were people who were tired, under weight, needed building up, etc. Included in this list are two cases of prostrate disease, several cases of chronic and obstinate constipation, and two cases of cancer. Perhaps the best results are seen in tuberculosis.

Most of the patients were in advanced stages. One patient not included in the list, who was in the very last stages of prolonged illness, tried to take treatment, but soon discontinued it after a few days and soon died. I am willing to put this case in the list, but it is obviously unfair, for the patients' condition was absolutely hopeless and the treatment was attempted only to please her friends.

Two cases in the list were acute, and both patients died in less than two months from the time of their first illness. It is interesting to note, however, that they gained in weight and seemed to improve as long as they took large quantities of milk, but rapidly failed when they became unable to take much milk. Another patient, one of whose lungs became completely consolidated shortly after the onset of the disease, is still alive, eight months later, but unimproved, although he has maintained his body-weight and color, and has been remarkably free from the usual discomfort of advanced stages. The remaining patients, so far as I know, are apparently well.

Considering that these patients were under treatment for periods of only four to eight weeks, I think the improvement very remarkable. For the sake of brevity I will describe only one case in which the improvement was typical of most of the others, although this was one of the most severe infections. I do not say that this patient is cured, and I have not examined him in several months, but he is working and says he feels well. A Röntgen-ray picture of this patient showed a very extensive infection. At the time treatment was begun his temperature was 102° and sometimes higher. Ten days later he had very little cough and no fever, and in six weeks gained twenty-six pounds. Treatment was begun February 4th, 1916, and he has gained thirty pounds and does not cough. In one severe case the treatment was given for only four weeks,—nearly four years ago,—and there has been no trouble since. Two and one-half years ago I treated at the same time three tuberculosis members of a family of nine children, five of whom had died of tuberculosis. One of these had a most severe pleurisy at the time treatment was begun and was seven months pregnant. She was also extremely emaciated from pernicious vomiting of pregnancy. In the beginning she was able to take

milk only in very small quantities, but soon gained rapidly. She gave birth to a normal child at term, and has had another child since. Both children are healthy, and the mother is in better health than she had ever been before. The other sister has had no trouble since, and was married last spring. Tubercle bacilli were demonstrated in both these cases. At the beginning of treatment the brother weighed 174 pounds. His normal weight was 204 pounds. Six weeks after beginning treatment he weighed 209 pounds. None of these patients have shown any symptoms of the disease since, and have retained or increased their weight. Incipient cases require only four weeks' treatment, and the gain in weight of nearly all these patients has been from sixteen to twenty-six pounds in from four to eight weeks.

The results in arteriosclerosis, I beieve, are equally interesting. Of the twenty-six patients treated, one is dead, but he lived two years after his physicians had given him only three or four months to live. He was a Christian Scientist and refused to take the treatment a second time. One other patient, aged 72 years, had had three light apoplectic strokes, and had a blood-pressure of 245. In spite of the fact that he over-eats he is alive and quite active after nearly two years, and has undergone an operation for hernia since taking treatment. He tells me also that an old prostatic trouble is much improved.

Another case was that of a man aged 50, who was admitted for treatment February 17, 1916, with a systolic blood-pressure of 270 and a diastolic of 140. He took the treatment for four weeks, gaining seventeen pounds during that time. When discharged his systolic blood-pressure was 200, diastolic 110. In a letter received a few days ago he stated that he was steadily improving, and had ridden in an automobile eighty miles in one day without fatigue.

One patient, a female, single, aged 52 years, was treated more than four years ago. Her blood-pressure was 245. She could not sleep except in the erect position, and had terrific headaches constantly. She could not see well, and could not walk half a block. Since that time she has been running a boarding-house, and has adopted two children. Her blood-pressure taken this summer was 160.

Almost none of these patients took the treatment for more than four weeks, but most of them continue to drink from one to three quarts of milk a day.

Of the eight cases of chronic rheumatism three were cases of arthritis deformans. One of these patients was greatly improved, and one considerably improved. One patient whose case was absolutely hopeless, gained in weight, was relieved of pain, and was sufficiently improved to sit up in a chair after nearly two years in bed. Those with ordinary rheumatism improve greatly on four weeks' treatment. Some of these patients had bad heart lesions.

The results in chronic nephritis are remarkable, the patients gaining rapidly in weight, and the albuminuria frequently disappearing in ten

days. One patient has had no trouble in nearly four years. While it is generally believed that large quantities of fluid should not be given in heart and kidney conditions, my experience has been quite the contrary, at least as far as giving large quantities of milk is concerned.

Under diseases of the nervous system I have included neurasthenia, neuritis, facial neuralgia, and sciatica. All of the patients improved very satisfactorily with the exception of one woman, who could not walk alone. The condition of the latter had never been diagnosed, and while there was but little improvement in her ability to walk, her general health improved and she gained in weight from ninety-one to one hundred and five and one-fourth pounds, or fourteen and one-fourth pounds in four weeks.

Among the cases of chronic constipation, the most obstinate case I have ever seen was that of a patient who has not taken any cathartic since treatment in March of this year. Nearly every patient having chronic constipation has been greatly improved. Ordinary run-down patients always improved.

Three patients were unable to continue the treatment on account of diarrhœa, which complication, although rare, seems difficult to overcome, One of these had a chronic diarrhœa when she entered.

Many patients will be troubled with gas, and a few with nausea and vomiting. We pay no attention to this, but keep on giving the full amount of milk and even increasing the amount. It is surprising how these troubles can be overcome by not "babying" the stomach; however, it requires perseverance and faith on the part of the patient and attendant. A few will not try to overcome the difficulties, and three of our patients left the sanitarium because the treatment was not agreeable.

For success in this treatment the measures which I have suggested must be carried out strictly. Failure to persist will mean failure to secure results.

In summarizing, I may say that the range of diseases amenable to the milk treatment is quite broad, and one of the most important features is the short time required for results, usually from four to eight weeks. The chief advantage is the remarkably short time in which serious diseases can be benefited and the fact that they continue to improve. The name of the treatment is not impressive, but the results are most gratifying in many conditions not benefited by other means. My observations have led me to believe that there is something more to this treatment than a mere building up and washing of the tissues. I am positively convinced that raw whole milk contains some substances, which, when given in large quantities, exert a physiologic or chemical action, probably through the ductless glands, on metabolism that is extremely important; and I venture to say that the discovery of what these substances are, and of easier methods of utilizing the treatment, will mark one of the most important advances of modern medicine. A further reason for this belief, besides those already stated, is the observation follow-

ing a milk diet, of marked and rapid changes in certain pathologic tissues. I do not believe that pasteurized milk will give these results, because, while many constituents are unchanged, certain vitamines or bodies are destroyed, and thus are lost some of the most essential elements required by the tissues.

Anti-Tuberculosis Work in a Small City

"THE VISITING NURSE"*

(By Frank C. Neal, M. D., M.R.C.S., L.R.C.P.)
Peterborough, Ont.

The subject which has been assigned to me, is Anti-Tuberculosis Work in a Small City, and the part played in that work by the visiting nurse, or sister.

I understand further that the type of city to be discussed is one without a sanatorium for the treatment of tuberculosis, one without a clinic or dispensary, one indeed without an enthusiastic interest by the majority of the people.

It is, in reality, facing the problem of beginning and developing anti-tuberculosis work, where the sole stock in trade is an overwhelming need, and a limited number of people with an interest in the work, and a knowledge of the disease.

In such places, although the need for a sanatorium is very urgent from the standpoint of the physician, still it is possible to accomplish a great deal without a sanatorium, and in fact it is a debatable question whether wisdom is shown in taking this step too quickly.

A firm foundation should first be laid so that there will be no danger of the work going back, when once started. The general public should be instructed regarding the nature of tuberculosis—the method of contagion, its curability and general treatment. From this will follow, under the wise guidance of the visiting nurse, a desire and resolve among those coming in contact with the disease to prevent and eradicate it as far as possible. Further, a philanthropic interest among those able to help from a financial standpoint should be aroused, and steps taken to impress upon the civic authorities a realization of their responsibility for a larger share in the work.

With this groundwork, it will usually be found that a demand for a sanatorium will in good time come from the people themselves; it will then be an institution which will have come to stay, and one which the civic authorities will help to support as a matter of course.

*Read before the Canadian Association for the Prevention of Tuberculosis, Quebec, September, 1916.

On the other hand, if under the leadership of a few interested people, a wave of enthusiasm be created, sufficient to raise funds to build a sanatorium, without the necessary foundational work, the great danger exists that the enthusiasm may ebb and the workers find themselves with an expensive institution on their hands, which cannot be kept running because of lack of support.

And as this lack of support is merely the result of lack of knowledge, we find ourselves confronted with the absolute necessity of beginning anti-tuberculosis work by a campaign of education.

Perhaps you will allow me just here to outline for you the steps we have taken in our own city of Peterborough—a city of about 25,000—as the work there is probably fairly representative of what may be done in a city of this size.

In 1911 a few who were interested in anti-tuberculosis work formed a small organization. This was incorporated by letters patent and became known as "The Peterboro Health Association." Soon after, we became affiliated with the Canadian Association for the Prevention of Tuberculosis in order to gain advantage of their experience and secure their literature, which with other leaflets and booklets on the subject, was freely distributed. As a further means of bringing the subject before the people, prominent outside speakers experienced in such work were invited to speak before public gatherings, while local laymen addressed the congregations of the various churches along these lines, soliciting their help and interest. Advantage was also taken of the day set apart by the Provincial Government, when special instruction is to be given on this subject in the public schools, thus reaching the homes through the children.

A little later an auxiliary of ladies was formed, the members of which held a "Made in Peterboro" Fair, by means of which, together with a sale of health calendars and Christmas stamps, over $4,000.00 was realized. The educational value of this enterprise was kept in sight throughout, and in all departments of the Fair the name of the Peterboro Health Association and its aims were kept well to the front.

Having thus secured a financial start, a nurse was engaged whose services were given free to all tuberculosis patients who were willing to accept them, and on the whole a very satisfactory amount of work was accomplished.

However, this first year's work convinced the association of the inadequacy of having but one nurse, and that one given over entirely to tuberculosis work. In the first place, the old prejudice against having it known that tuberculosis exists in the home was felt, and often people would forfeit much-needed nursing care, rather than have the neighbors see the tuberculosis nurse coming to their homes. Then, too, in her rounds, the nurse saw many general cases urgently in need of nursing care, but as her work was to attend to tuberculosis cases, these had to remain neglected, and as this special nurse's visits disclosed many cases of general disease, so it was seen that a nurse doing general work would

be in a position to report many cases of tuberculosis which otherwise would not be reached. Again, it was thought that if general work were done, it would be easier to gain entrance into all homes, as tuberculosis patients would not feel that their disease was the only one singled out for attention.

The standpoint of the various doctors had also to be considered, and as some were not as interested in tuberculosis work as others, it was felt that more general coöperation among the doctors would be secured if there were a nurse available for general as well as special cases.

It was also felt that the time had come for a more complete organization, for although during the first period a small, carefully chosen committee was given much latitude in order to work out details of administration, it was now felt that a membership society with a small yearly fee, and a general distribution of work, would be advantageous. This would not only mean more friends and helpers, but would also bring in a substantial sum in subscriptions.

Accordingly the association was reorganized, a second nurse was appointed to coöperate with the first, and the work was put on a more practical basis by the appointment of the following committees:

1. *Finance Committee*: (a) To receive membership fees and raise money by other methods; (b) To keep proper account of finances, and prepare annual report.

The coöperation of all the other committees is required for the successful carrying on of the finance committee's work. It is wise where possible to secure the help of the nurses, as their daily contact with the patients gives the work a human interest.

As a proof that the civic authorities here are beginning to recognize their responsibility, the City Council has, during the past year, granted the above committee $50.00 per month toward buying supplies for needy patients.

2. *The Educational Committee*: (a) To procure and distribute literature; (b) To secure suitable public speakers from time to time; (c) To prepare and give health talks in schools and churches; (d) To keep facts before the public, through the press and in other ways.

In this case, the education committee is also a publicity committee and this part of the work is urgent. Stories and cartoons may be kept running in the daily papers with good effect, and bulletins also have their value. In our association, through the kindness of the daily papers, a report of the work done by both nurses is published at the end of each month. So many social activities come to the public for support and interest, that we must also present our case and abide by the verdict. With us, too, much is made of the annual meeting. Full reports are prepared, interesting lantern views shown, and some special features arranged to attract a good attendance.

3. *Supervision Committee*: (a) To have oversight of work of nurses, meeting monthly for receiving of reports and discussion of plans;

(b) To have purchasing of all supplies, including nourishment, medicines, sputum cups, cots, clothing and tents where necessary; (c) To secure and maintain a room as headquarters, where supplies may be kept; (d) To keep in touch with conditions as found by the nurses in the homes they visit.

It has been said that the cornerstone upon which the most effective nursing has been built is adequate supervision, and while a committee such as the above often renders excellent service in supervision, still their time is necessarily limited, and the aim should be to put the work of the nurses under a special supervision as early as possible. If the association engaging the nursing sisters cannot do so unaided, an affiliation of various societies might together be able to afford such a supervisor.

A well-known central place should be chosen as headquarters, as this will give dignity and importance to the work and enormously increase its usefulness. Thus, under the three headings of finance, education and supervision, the work has since been carried on, and while necessarily imperfect, still much good has been accomplished, and many new avenues of usefulness have been opened up.

For example, it was found that many cases of disease in children were not being reached by either of the visiting nurses, so in the following year a school nurse was appointed by the Board of Education. Since that time there has been gradually developing a system of coöperation among the three factors—the Medical Health Officer, the School Nurse and the Health Association, whereby children reported by the School Nurse as requiring nursing care are reported to the Health Association and by it put under charge of the Visiting Nurse.

On the other hand, contacts in tuberculosis homes, and children who should not be mingling with other children, are reported to the medical health officer and steps taken to isolate such cases.

In regard to tuberculosis among children, it is significant that more and more attention is being put upon this phase of the work, and we are beginning to see that the key to success in combating this disease lies in proper preventive work among children.

McCleave says: "It is now generally conceded that infection with the tubercle bacillus is, in the majority of cases, an incident of early life, and that regardless of the time of development of clinical symptoms. tuberculosis is, in its origin at least, essentially a disease of childhood."

Dr. Baldwin, of Saranac Lake, also says: "Childhood is the time of infection, youth the time of super-infection, and that from the extension of the primary disease."

The nature of work along preventive lines undertaken in various cities will vary largely according to local environment.

During the summer of 1914, our association made a beginning in preventive work by establishing a Day Camp for Children.

Those allowed to attend were children having inactive, incipient tuberculosis, contact cases, and those who were under-developed because of the lack of nutrition.

The site of the camp was a large, natural park with plenty of room, and with a creek running through, which afforded an excellent paddling place in warm weather. A trained nurse was in attendance, and a cook was secured to prepare the food. The children were called for in the morning by a bus, and returned to their homes in the evening.

On their arrival at the camp they were given a light lunch, then under the supervision of the nurse, they played about for a couple of hours. At noon a good, substantial dinner was served, consisting of meat and potatoes, an extra vegetable, and a nourishing dessert of some kind, with plenty of milk to drink. Immediately after dinner, the children all rested quietly for about two hours—some sleeping. The rest was taken in a huge tent with cots supplied with mattresses. Then more play was indulged in before it was time to have their afternoon lunch and go home.

Practical instruction in personal cleanliness was given by the nurse, each child being provided with a basin for washing, towel and toothbrush. It is noteworthy that the venture was started without funds, but as it served as a demonstration of the necessity of such work, interest was soon aroused, and donations made in various ways sufficient to keep things running. On the outbreak of the war, however, it was found necessary to suspend the work of the camp, but we are looking forward to reopening it, and also to extending this phase of the work to include open-air rooms in our schools.

However, preventive work can never reach its highest efficiency as long as advanced cases are allowed to be sources of contagion.

Francine says: "It is largely children infected by contact in their homes, who furnish later the ever on-coming crop of consumptives."

At present, in Ontario, it is the duty of physicians to report all cases of tuberculosis to the medical health officer. If this is rigidly carried out, even those cases which have no regularly attending physician should be known to the medical health officer, and steps should be taken to see that such patients are not, or do not, remain a source of contagion. In many cases, removal to institutions for their care may be necessary, or where there is no sanatorium or hospital accommodation available, the services of the visiting nurse will likely be required.

Now, before closing, just a few words as to the most important factor in all this work—the visiting nurse.

As far back as twelve years ago, Dr. James Alexander Miller wrote: "It is certainly true that a woman trained in nursing, who has the energy, interest and ability necessary for this kind of work, can do much more than any physician towards ascertaining the exact conditions of affairs, and correcting the evils existing in the homes of tuberculous patients. In no other way could this work be at all complete or satisfactory to the physician, to the patient, or to the community, and that these patients themselves appreciate this fact is evidenced by the warm reception given to the visiting nurse as a friend and welcome visitor in

their homes. We consider her as an indisputable factor in the correct solution of this problem, and as a result of her efforts we can at least say that each case visited is converted from a dangerous focus of infection into a source of accurate and intelligent knowledge in regard to this disease.

Dr. Miller's summing up of the situation has been the experience of many another pioneer worker during the succeeding years.

The work of the visiting nurse has since then grown in scope and usefulness, and all other contributory factors, such as institutional care, dispensaries, educational propaganda and increased knowledge regarding hygiene and sanitation, have reached their highest point of usefulness through her cooperation.

If I were to set down from the physician's standpoint the necessary requirements for an efficient visiting sister, you might say my ideals were too high, but as few enter the field for the monetary reward, it is safe to say that in the majority of those who volunteer for such work, is necessarily the first great essential—a love and sympathy for suffering humanity, a desire to better conditions and bring peace and happiness where turmoil and misery now exist. But with this sympathy must go ability, character, tact, energy and education.

Added to these womanly qualities must also be professional ones, and an untrained, unskilled worker would be next to useless. The efficiency and skill which comes from a good, regular hospital training are invaluable. But even for the woman highly endowed with splendid qualities, to which are added the professional nurses' training, there is a further education necessary to make her work most effective.

I speak of the training or experience which gives familiarity with the material with which she is to work, with the lives, character and habits of the poor in their homes, knowledge of general housing conditions, and of conditions which predispose to disease.

Further, to be able to be most successful, she should be familiar with all agencies intended to prevent or right these conditions, such as knowledge of public law, the benefits which come from schools, churches and charitable societies, and also with agencies provided for direct relief of sick, such as dispensaries and hospitals, sanatoria, etc.

Now just a word as to results. Do not expect too great or too speedy results. Some communities will respond to efforts made more quickly than others, but as sure as seed will grow in proper soil, just so sure will results be forthcoming from honest effort.

It is a rule as old as the world, that nothing is born without travail, and through toil and weariness, self sacrifices and often disappointments in such work as this, is being born the modern developments of charity and medicine.

"Charity," as Dr. Devine says, "in this newer and better sense, endeavors to discover and to abolish the untoward conditions which undermine health and destroy life, which make rational living impossi-

ble and embitter honest toil, helping those who fall by the wayside, but having for its best objective point the removal of the ultimate causes of such downfall."

To cooperate in such a noble endeavor is the privilege and reward of the visiting nurse, and with such cooperation ultimate success is assured.

—The Canadian Medical Association Journal.

Trials of a School Nurse

(By Muriel Grimmer, R. N.)

Frequently, when visiting a school, we learn that there are several children at home. On looking up their attendance, we find they have lost several days only a short time before, so we visit the home to learn the cause. In many cases the reason is cold, sore throat, ear-ache, tooth-ache, or a stomach disorder. The mother will say, and we hear the same thing many times, "I don't know why it is that my children are sick so much, or why my children have to stay from school." We, in a great many cases, find the main cause enlarged tonsils. Frequently the same children will have adenoids. The mother is told what the condition of the throat is, and many a mother has said, "Well, why is it that so many children now-a-days have tonsils and adenoids—why, we never heard of it when I went to school." Little do they realise, perhaps, that they themselves, are largely to blame for these. Mothers often allow children to acquire the habit of sucking their thumbs, and they will even give them a "comfort," both of which tend to deform the mouth and frequently are the original cause of adenoids. These children suffer in after years for the indulgence of a mother's carelessness in not trying to pacify the child by some other method. These habits are easily corrected in babyhood, and save a child much discomfort in later years.

If, while visiting these children, who have to remain from school with sore throats, etc., it is found that nothing is being done to relieve the child, who is just kept at home till his (or her) throat feels better, and when he goes back to school he is behind in his studies and, although he does his best to catch up with his work, he is unable to do so, physically, and in a few weeks we find that he is home again with another cold. If recommended to see a doctor about the tonsils, the mother will insist, perhaps, that some of her relations had had them and outgrew them. Consequently, she thinks this child will. It is quite true that tonsils and adenoids will become smaller or disappear, but, as Dr. Kelynack says "they leave behind many troubles, which are permanent if not dealt with in childhood. They may be likened to a destructive fire in a house—the fire will go out but it does not leave the house in a good condition."

There is much resistance offered to any suggestion in regard to the removal of tonsils and adenoids, but it has been proved many times that a child who has had them removed, and is taught to breathe properly, and to keep the nasal passage clear by frequent and proper use of a handkerchief, does much better work than a child who plods along, handicapped by the afflictions just mentioned.

It is our duty to instil into the minds of these mothers the great benefit their children will get by having immediate attention paid to these things.

Other times we find the child at home with tooth-ache, or a stomach disorder, from food not properly masticated. Both these things are quite preventable. There is one instance where the old proverb "A stitch in time saves nine" applies. Educating the children to the proper use of a toothbrush should be one of the earliest things taught them, and to teach the mothers to watch the teeth of their children much more closely, and when the first break in any tooth appears to take the child to a dentist and have immediate attention would be an enormous saving both to the child and to the mother's pocketbook. Just an instance as to the way some mothers care for their children's teeth. I called on a woman and advised attention to the teeth of three of her children (she had four in school). She told me that she would have them done alright, but probably before long Joe, the fourth child, would need some attention, as well as her own, so she would wait till then and she and her four children would take the day off and visit the dentist. How often these visits occurred I couldn't find out, but judging from the condition of the children's teeth, they were not frequent visitors to the dentist.

In another case I recommended attention to a six-year molar that had a very slight break in it. The mother said: "Indeed, I'll not go throwing any money away to the dentist." I tried to convince her that it was equal to a bank deposit to have that tooth fixed, but she would listen to no arguments. Said she would do nothing and the child could provide herself with false teeth when she grew up, as she herself had had to do.

I cite these cases to give you an idea of the difficulties that we come up against. On the other hand, mothers will take advice and go to the dentist, who confirms the report. The tooth is attended to and we have the immediate gratitude of the parent for having saved her greater expense later on, and that of the child who has been saved the agonies of tooth ache and has now a practically good tooth.

Nurses on private duty can be of great service to the school nurse, as many times they are called to homes where there are children attending school. We often have these nurses quoted as authorities, and I am sure, without seeming to intrude, they could give the mother a few words of advice on the care of the children's teeth, and assure her that because the child has never had a tooth where the six-year molar now is,

is no reason why it is only a temporary tooth. This special point seems to be the most difficult one for many mothers to understand.

From early childhood, children should be taught to properly brush their teeth. Their faces are washed and kept clean each day—why should not their teeth be, too?

I feel that, in many training schools for nurses, there is very little taught them about the teeth, and this is an important subject. If the nurses in training could have the opportunity of attending Dental lectures and Clinics, I am sure we would reach a higher plane in this work, for, until they do see the conditions as they are in our public schools, it is impossible to understand them.

TO THE PEOPLE OF CANADA—HELP TO WIN THE WAR

Those who cannot go to the front can help in a most practical way by saving their money and placing it at the disposal of the Government to assist in financing the war.

As an incentive to thrift and greater national saving, the Government of Canada has created an issue of War Savings Certificates, in order that all who are desirous of helping financially, may have the opportunity of doing so.

The Certificates, which mature in three years, are issued in denominations of $25.00, $50.00 and $100.00, and may be bought at any Bank or Money Order Post Office. The prices are $21.50, $43.00 and $86.00 respectively,—that is to say for every $21.50 lent to the Government now, $25.00 will be returned at the end of three years. The discount of $3.50 constitutes a most attractive interest return.

Provision is made whereby the certificates may be surrendered at any time during the first twelve months at their purchase price, after twelve months, but within twenty-four months, at $22.25, and after twenty-four months, but within thirty-six months, at $23.25 for every $21.50 paid. This means that the longer the certificates are held the higher the rate of interest that will be obtained.

Each Certificate is registered at Ottawa in the name of the buyer and, if lost or stolen, is valueless to anyone else. Individual purchases are limited to $1,500.

For full information apply at any Bank or Money Order Post Office. Buy a Certificate to-day—or start to save for one.

W. T. WHITE,
Minister of Finance,
Ottawa.

January, 1917.

One tablespoonful of brown sugar added to two tablespoonsful of flour and three of cold water and cooked, stirring constantly, until creamy, makes a most excellent paste, and is a splendid sizing where wallpaper refuses to stick to a painted wall.

Miss Cavell's Farewell

(By Roy Temple House.)

(Late of the Brussels Office, Commission for Relief in Belgium)

Professor House here relates the touching story of Miss Edith Cavell's last hours, as it was told to him by the Rev. Mr. Gahan, the young Irish clergyman of the Church of England, who was summoned to the Brussels prison to minister to Miss Cavell. Mr. Gahan was the last countryman Miss Cavell saw before she was led forth to be shot. Her wonderful fortitude and calm faith made of her a heroine who will always live in the memory of the English people.

The Reverend Mr. Gahan, chaplain of Christ church in Brussels, is a cheerful young Irishman of about thirty. He was appointed to his present position early in 1914, and charmed with the prospect of a permanent location in the cozy Belgian capital, he paid a visit to Gloucestershire, England, was married to a young English girl who had been waiting as eagerly as he for this appointment, and settled down happily in the Rue de Facqz. But scarcely had she unpacked her trunks when the news came that war was declared and that the Germans were on Belgian soil. So it came about that the pair have spent all but a few weeks of their two and a half years of married life as prisoners of the Germans. When the conquerors marched into Brussels in the latter part of August, 1914, they arrested all the inhabitants who were citizens of enemy countries. Mr. Gahan was imprisoned with the rest and for two or three days he shared a cell with an English Catholic priest. Then he was released on parole, and since then he has been allowed to move about the city with perfect freedom, on condition that he gives an account of himself once a week at the police headquarters of his *faubourg*.

In normal times there are in Brussels three Anglican churches, an English Catholic church, and a Scotch church. Brussels was a pleasant city to live in, with excellent museums, good theatres and opera, and a comfortable, tolerant population who welcomed foreigners. The cost of living, moreover, was much less than in any large city of England, a fact of which thousands of Englishmen of modest means were glad to take advantage. It happened that the ministers of the other two Anglican churches were out of the country when the Germans took charge of Belgium, and it is needless to say that they have not yet returned. Chaplain Gahan now has all the English speaking people who attend church, and even at that he will have a congregation of not more than a dozen or two in the morning and half a dozen in the evening. His only word from the outside, except what a few of us Americans have brought him, has been one letter from his mother.

The infrequent arrivals from the outside world are naturally greeted by the Gahans not only with Christian kindness but with real interest and delight. I was at first puzzled and then pleased to find in this British citizen an attitude toward the war and toward his German captors which was larger and saner than that of most partisans I have met. His experiences with the Germans had not led him to brand them indiscriminately as rascals, and he seemed to be looking forward to an outcome which would bring, not merely or even entirely, the aggrandizement of England, but the advancement of the cause of Christ. Vigorous patriot as he was, he was no blind jingo. And this was one reason why I found an occasional evening with him and his cordial young wife very pleasant.

During one of the first of these evenings, as we sat and nursed our tiny fire—coal is a luxury in Brussels now, and poor Anglican chaplains cannot indulge in it freely, even when they have guests—there floated vaguely into my mind a statement which the American press had published about an English clergyman who had visited Miss Cavill the night before here execution. I had forgotten the clergyman's name; and it occurred to me to ask my host about it. "His name was Gahan," said the young man quietly. His wife looked up at me quickly from her work on the other side of the open stove, then dropped her eyes again. There was a pause.

He seemed to pull himself together with an effort. I guessed why, but I hope it did him no real injury to tell the story again. "Of course I will tell it, if you wish to hear it," he said. And for an hour or two, with the guns of the battle-line seventy-five miles off to the west rumbling faintly in the pauses, he and his wife, in turn, told me this detail and that of the sickening story.

But it was not all sickening. There is a phase of it which the newspapers touched lightly, but which it is inspiring and encouraging to hear, without any reference to the accident of Miss Cavill's nationality or her partisan sympathies.

She had not been a member of Mr. Gahan's church, but of one of the others. From August, 1914, she had, of course, attended Christ church when she attended church at all, but her work in her hospital kept her so busy that the chaplain had met her only a few times. One afternoon the German military chaplain sent word to him that he was wanted to go that evening to talk with an Englishwoman who was "dying." He had been deeply interested in the imprisonment and trial of Miss Cavell, but he had no suspicion that she was the "dying" woman in question. He was delayed in starting, and when he was finally ready, he was informed that his destination was the St. Gilles prison.

Miss Cavell had waited for him some time, but had finally concluded that he was prevented from coming, and had retired. When she learned that he had come after all, she dressed again and came out to meet him. He was so unnerved by what had been told him on the way—that she

was to be shot the next morning—that he could scarcely stand and that his speech was only a stammer; but the quiet, gray-haired woman who came to meet him was as calm and cheerful as if the next day were to be a day of routine usefulness in her hospital. The hand she offered him was steady and cool, and there was not a tremor in her voice.

They sat down and talked of this and that, even of small matters. But after a time she began to tell him of the trial and the sentence. "I have no regrets," she said. "I did what I could for my country, and I am ready to pay the price. I should certainly do the same thing again if I could. I am sure that in God's sight I am not an offender, for I did what seemed to me clearly my duty. And that is the only thing that matters, my friend—to do one's duty."

So this condemned criminal, within a few hours of her death, sat teaching and consoling the minister who had come to help her. "I know more about life and death and eternity than I ever did before," she said. "It is all clear now. I think I am past all passion and prejudice. I am blaming no one, but I see my own path perfectly well, and I am glad I took the path I did, although it has not always been as clear all the way as it is now. Oh, how little and insignificant they seem to me now, the selfish things we men and women spend our lives struggling for! What happens to you as a result of trying to be useful can't be anything but good, dear friend, and so I know that what will come to me tomorrow morning can be nothing but good!"

In some such words as these did this unflinching Christian heroine set forth her philosophy of life, her vision of the Truth, to the last fellow countryman she ever spoke a word to; and after an hour or two of quiet conversation she rose and gave him her hand again, saying:

"Good night, sir! I must get a little sleep now. God bless you; don't forget me!"

. . . There was another pause. The young chaplain sat and gazed into his little Belgian stove. Then he went on: "I am sure she slept, as she said she expected to." Then he sat up in his chair. "Do you know, sir, that that woman had seen and heard something that has never reached you and me? Something definite, something concrete, I mean, about the meaning and purpose of it all? No man could have spent an hour with Miss Edith Cavell, as I did, no matter what he may have been before, and come out from that prison anything but a firm believer. It was hard—it was horrible—but it was wonderful, sir, wonderful!"

And as I passed the St. Gilles prison the next morning, it seemed to have lost something of its grewsomeness and to have taken on something of the beauty of that great soul which went heavenward from its doors.

—The New York Churchman.

Edith Cavell's Last Letter

The following letter from the late Miss Cavell, written on the night before her execution, is translated from the original French and contributed to the N. Y. Hosp. Alumnae News by a Dutch nurse, Miss Van der Hock, who was one of her pupils, and who adds, "God give that the noble words of this letter may enter into the souls of many, and that 'beware of uncharitable speech' and 'try to cultivate loyalty and esprit de corps' may be remembered not only by Belgian but by American nurses. Aren't we all God's children?"

My Dear Nurses: I am writing to you in this sad hour to bid you farewell. You will remember that the 17th of September brought to an end my eight years as Directress of the Training School.

I have been extremely happy to be called to aid in the direction of the work which our committee has founded. On October 1st, 1907, there were only four young pupils. You are now already quite numerous, I believe fifty, including those who graduated. I have told you on different occasions about the difficulties attending our start, even in such details as the choice of words to communicate the hours of service, off duty, etc. All these conditions were new to the profession in Belgium. Little by little one service after another was established; graduate nurses to do private nursing, pupil nurses were assigned to the Hospital of St. Gilles, also the Institute of Dr. Depage, the Institute of Beysinghen, the Clinic of Dr. Mayer, and at present, many are being called, as you all will likely be later, to take care of the brave soldiers wounded in the war.

During the past year our work has diminished, owing to the sad experience we are having, but in happier days to come our duties will increase with new vigor, and with beneficial results.

If I speak concerning the past it is because it is sometimes wise to look behind on the road we have traveled, and to take account of our errors as well as our progress. In your beautiful Institute you will have a greater number of patients, and also all you will need both for their comfort and your own. To my great regret, I have not always had an opportunity to confer with you in person. You know what a burden I carry.

I hope you will never forget our evening talks. I told you that your devotion would bring true happiness, and that the thought that you have done your duty before God and your own conscience will be your greatest support in the trying periods of life, and in the face of death.

Two or three of you will remember our little intimate talks. Do not forget them. Having arrived at mature age, I have perhaps been able to see more clearly than you, and point out the straight path.

One word more. Beware of uncharitable speech. Can I say—loving your country as I do—that it is your greatest weakness? I have seen many unfortunate occurrences in these years that might have been avoided or lessened if certain little insinuations had not been expressed, oftentimes doubtless without any evil intention, but resulting in ruined reputation, happiness, perhaps even the life of some one. My nurses should remember this fact, and try to cultivate loyalty and esprit de corps.

Should any of you have a grievance against me, I pray for your pardon. I may sometimes have been too severe, but never voluntarily unjust, and I have loved you all, much more than you realize.

My good wishes for the happiness of all my young girls, those who have graduated as well as those who are still in the Institution, and thank you for all the kindness you have always shown me.

Your devoted Directress,

October 11th, 1915. E. CAVELL.

Shot October 12th, 6 a. m.

HONOURS FOR NURSES.

The work of nurses received recognition beoth in the New Year's and in the Birthday Honours, and on many occasions membersof the Nursing Profession have been decorated by the King with the Royal Red Cross, and also with the Military Medal.

A silver badge bearing the Royal monogram and crown, surrounded by the words, "For King and Country. Services rendered," has been approved by the King for issue to officers and men of the British, Indian, and Overseas Forces, retired or discharged on account of sickness arising from military service, and to members of the Military Nursing Service—Regular, Reserve, and Territorial—Queen Alexandra's Military Nursing Service for India, and members of Voluntary Aid Detachments who have quitted the Service under the above conditions. British nurses have been mentioned in despatches, and decorations of various foreign countries—France, Russia, Belgium, Serbia, and others —have been conferred on them.

The spirit of the French nation has roused the admiration of the world. Men and women were alike full of devotion. Numerous anecdotes were related, illustrative of this, with quotations like: "One has never finished doing his duty"; "We are just a bit of eternal France"; "My body to the earth, my soul to God—my heart to France!"

One ex-ambassador, past the age for official service, joined the ranks as a private soldier. The mother wrote to her son in America: "Your five brothers are at the front. If you do not come back to France now, you need never come!" Such incidents illustrate the idealism for which France has always stood. One soldier said: "I fight that my son may not have to fight!"—Dr. Stinson in N. Y. Alumnæ News.

The Care of Sick in Outlying Districts

Report of a Committee Appointed by the National Council of Women, to Investigate the Need of Skilled Maternity Care for the Young Mothers in the Sparsely Settled Districts, and Presented to the Executive Committee of the National Council. Published by Request.

(By R. W. Tilley, Convener)

Your Committee are agreed that the need for more medical skill and nursing care in the sparsely settled districts is very great and urgent. Premature deaths have occurred owing to lack of, or delayed medical care and efficient nursing.

Child-bearing is a normal function and theoretically it should not be accompanied by danger or such dreadful suffering as has been depicted. Thousands of women have no other care than they obtain from a kindly neighbor, or what assistance their husbands may be able to give, women have themselves performed the necessary operation to complete the birth, and many successful births are accomplished in this way. This is not an ideal situation, but shows that in normal conditions there is not the terrible suffering and danger; but physical defects and the hard life of the women on the homesteads, in many cases, causes conditions to arise during child bearing which oftentimes not only permanently affects the health of the mother, but also that of her child, or may cause the death of one or both.

It is often impossible for the mothers to stay in bed the requisite number of days. They have sometimes to care for other little ones, make bread, etc., and this frequently gives cause for serious consequences arising from displacement, but owing to the vast distances the stores are remote and the mother must provide for the necessities of life for her family. Various illnesses, contagious diseases and accidents also suffer greatly from lack of proper medical care and nursing, and premature deaths result.

Rich and poor, of whatever nationality, in the thinly settled places of Canada, need more, better, and speedier medical and nursing care.

The Victorian Order of Nurses barely touches the fringe of the problem. A number of country branches have been opened during the past two years and some new hospitals established from which nurses are sent out, and much good work has been done.

The growth of the Order is not fast enough to meet so vast a need, a need which is not confined to one Province, but to all the Provinces of the Dominion. Wherever there are settlers, one family or more, the need is present, and they are usually so poor that it is impossible for them to contribute to a nursing organization. The cost of help given them in sickness must of necessity be covered in some other way. The

care of the sick in the sparsely settled districts is an expensive work, the Victorian Order is not in a financial condition to expand to reach these cases.

Individual efforts have been made by nurses to help the conditions in some districts, but the long distances between patients, and the lack of means of both patients and nurses, the efforts failed.

Under present conditions it is not possible for a doctor or nurse to make in the outlying districts sufficient money to enable them to pay the necessary living expenses.

Our investigations lead us to believe that the providing of adequate medical and nursing care for the young mothers and also for those who suffer from accidents, organic diseases, and fevers (we feel our duty is not complete unless we mention them in this report) is too large a problem for private individuals or an association to deal with. The extension of the Victorian Order of Nurses would greatly relieve the situation but would still leave much to be desired, as the need for more experienced medical skill is as great as that of nursing care.

Some system should therefore be devised. One which would provide medical service, and efficient careful nursing for all cases—maternity, accidents, organic diseases, fever, etc., to all in need, no matter what the financial conditions of the patient may be.

The solution of the whole problem, in the opinion of your Committee, is the provision of small country hospitals, with qualified and competent nurses in charge and medical skill available. The hospital to furnish both nursing accommodation to all patients who can come in, and a home for a staff of visiting nurses who go out to those patients who from various causes are unable to leave their homes.

This is a large scheme and could only be undertaken successfully by the Governments.

The Dominion and Provincial Governments spend much time and money in conservation of animal and forest life, and in assisting agriculture, mining and other industries. They have hitherto overlooked to a great extent the preservation of human life, which is without doubt, the most important of all.

If a man has a sick beast he can claim the services of a veterinary at the expense of the Government, but a sick member of his family is without any such claim.

The Government, Dominion and Provincial, should be asked to provide, medical and nursing care not only for the mothers, but also for the fathers, sons and daughters, in the outlying districts.

In Manitoba the Provincial Government has appointed six nurses for welfare work in the outlying districts. Their work is purely educational, and their object the conservation of child life.

They are also expected to educate the public along such lines as hygiene, prevention of contagious diseases, etc. They will accomplish

much good work if they can teach the husbands and fathers that childbirth, though a natural function, does need care and sufficient rest to make a good recovery. Many women complain that they cannot rest after the baby is born on account of the household tasks. The fathers at such times should do the necessary work and make the bread.

The life of the wife and child of a large number of these settlers is not as valuable in their eyes as it should be. There is need of education along these lines.

In Alberta a free public hospital league has been organized, and it is the intention of the League to petition the Government of Alberta to establish free public rospitals.

The idea is to form a chain of small hospitals, the cost to be borne by a tax of one cent an acre on all lands.

The hospitals to be free as schools are free, kept up as schools are, and placed as schools are placed, wherever there is need, and not more than twenty or forty miles apart.

In closing this report your Committee would like to state they are convinced, that any scheme undertaken to help the sick in the sparsely settled districts, to be successful, must have the authority of the Government as well as its financial aid.

Examination Papers of the California State Board

Anatomy

(Correct Answer Carries Weight of 10%)

1. (a) Name four (4) classes (as to shape) into which bones are divided and give an example of each.

(b) Give the names of the various classes of tissue and state where they are found.

2. Describe the spinal cord. Make a drawing.

3. (a) Name two (2) types of muscular tissue.

(b) State which kind of muscles are generally found in the viscera and why.

4. Name two (2) superficial muscles of the back.

5. (a) What is the function of lymph?

(b) Name and locate arteries from which the pulse rate may be taken.

6. Trace the blood from the left ventricle of the heart and back to the right auricle.

7. (a) Name two (2) kinds of glands and give examples.

(b) Give brief description of the liver and mention two important functions of the liver.

8. (a) What are the organs of respiration?
(b) What is the function of respiration?

9. Describe briefly the structure of the stomach and state the function of the stomach in digestion.

10. (a) How does the air get to the inner side of the ear drum and why?
(b) Why is the temporal bone important in surgery?

Surgical Nursing

(Correct Answer Carries Weight of 10%)

1. (a) What instruments should you prepare for an eppendectomy?
(b) What is a suture? What is a ligature?

2. What is Fowler's position? When is it used?

3. Give in detail your preparation, in a private house, for an aspiration of the pleura inclusive of preparation of the patient, room, instruments, dressings, and solutions.

4. Give in full procedure of sterilizing the hands before putting on gloves to assist at an abdominal operation.

5. Give in detail the administration of normal saline solution subcutaneously.

6. Name five (5) symptoms that would lead you to believe a patient was having an internal hemorrhage after an abdominal operation.

7. (a) Give in detail your procedure in catheterizing a patient.
(b) What results are caused by improper catheterization?

8. Where should pressure be made for hemorrhage from the
(a) arm
(b) thigh
(c) foot
(d) thumb.

9. What as a rule are the four (4) greatest causes of discomfort to a patient after an abdominal operation?

10. Define, Compound fracture
Comminuted fracture
Green-stick fracture
Simple fracture.

Obstetrical Nursing

(Correct Answer Carries Weight of 10%)

1. How may you estimate the probable time of confinement?

2. If consulted regarding preparation for birth, what articles would you suggest should be provided for the mother, for the baby, and for general supplies during and following labor?

3. Define (a) Meconium
(b) Lochia
(c) Liquor Amnii
(d) Vernix Caseosa.

4. (a) Why is it important to have the bowels emptied before labor?

(b) Why is it important to have the bladder empty during labor?

5. Describe the stages of labor.

6. What care should you give a baby from the moment its head is born, until after it is dressed for the first time, including the clothing you would use?

7. Name six important points in the after care of the mother from the time she is taken to her room after labor until the end of the first week.

8. What is colostrum? Of what value is it to the baby?

9. Name five complications that may arise during the first ten days following labor in connection with the mother.

10. What would you do in the following emergency: Precipitate labor with a breech presentation, doctor temporarily absent.

Medical Nursing

(Correct Answer Carries Weight of 20%)

1. (a) Name four (4) important points for a nurse to consider in taking a pulse.

(b) What is a dicrotic pulse?

(c) What is an intermittent pulse?

2. (a) Name three (3) points you should observe in douching an ear.

(b) Give nursing care of a patient suffering from nervous exhaustion, include diet and daily habits in you answer.

3. (a) Name four (4) important points you observe when filling a hot water bag.

(b) Name four (4) important conditions that may cause a chill.

(c) What particulars in regard to a chill should be charted?

4. Give in detail how you would give a cold sponge.

5. (a) Give menu of two different test breakfasts.

(b) How should each be given?

(c) When and how should each be removed?

(To be continued)

St. Luke's Hospital, one of the largest in Spokane, Wash., was partially destroyed by fire recently. Soon after the fire started the firemen reported that all of the patients had been removed safely from the burning building. Between eighty and ninety patients were in the building. The loss was estimated at $40,000.

Editorial

The Editor was pleased to receive a copy of "the very latest" in nurses' magazines. We refer to "Fragments of the V. G. H.," a quarterly published by the Junior Class of the Vancouver General Hospital. It is a very interesting number with its clever caricatures and general contents. The good wishes of the "Canadian Nurse" go to this new venture.

* * * *

Saskatchewan has been fortunate enough to get her Registration Bill passed. A review of the bill will appear in an early number. Each Province getting this recognition by the law-makers of the need for protection of the public by registering only qualified nurses, helps the rest of the Dominion to keep up the constant struggle against wrong impressions so often held not only among the laity, but alas among our fellow-workers—the doctors. It is easy enough to get "a" bill through if it means nothing, and has no standard. Better no Registration than one which means nothing, and which does not set a standard for training schools. Let us keep to all that Canadian nurses have stood for, and in the end we must be recognized. In the meantime use every opportunity to convince the people you meet that they want the best nursing possible for their own families, and at least a registered nurse must have had the training, though unfortunately that does not always make a real nurse.

* * * *

It is hoped that all nomination papers for the C. N. A. are in by the time this reaches you. *Do* realize the importance of putting in women who are interested and who will work for the whole Dominion, and not any one section.

* * * *

At this time when every Canadian woman thinks and does little except for "our cause," it seems only right that the first thing to be brought before your attention this month is an appeal from the Queen Alexandra's Imperial Nursing Service. Miss Gunn, who has charge of applications in Military District No. 2, has recently written: "There has been another urgent call for nurses for the Imperial service under the Q. A. I. N. S. So many nurses stated that if ever nurses were needed they would go at once. I think before long the call will be more urgent still, and I think the nurses should be willing to serve for one year, as that is all it calls for." On page 167 you will find the circular sent out, giving the required information. The salary is small, and doubtless there are some who cannot, owing to other responsibilities, accept this "call to arms," but many could do it for a year and fill the need for skilled nurs-

ing. One nurse, usually the Superintendent of the largest school in each Province, has the selection of nurses from her district, and all information can be had from them.

* * * *

This little extract from the Thomasville (Ga.) "Times" came to the Editor's notice one day, when several letters came complaining of the non-arrival of the magazine. "If you see an editor who pleases everybody, there will be a glass plate over his face and he will not be standing up." In investigating these complaints, it is often found that the subscriber has changed her address and has omitted to let this office know. Nurses are such migratory persons that in some cases three changes of address were attended to inside of three months. The editor also asks if when renewing and the expiry slip is not used, that it is stated that it is a renewal, and the date of expiry given, if possible.

To give an instance of the difficulties of the work in this our first year, it might be interesting to know that two weeks ago the Editor received from the former publishers a cheque for quite a sum of money, together with letters sending money, requests for sample copies, renewals, etc., dating back to September 27th, 1916. To say that this had given people a very bad impression of this office is to put it mildly. A request was sent to the Post Office as soon as the change had taken place in the Autumn, and how mail was still being sent and delivered to the former publishers is a question. We feel this very keenly, and are offering this explanation to many who have written repeatedly about money sent by them to the magazine, and not received by me.

WHEN WILL THE WAR BE OVER?

Absolute evidence I have none,
But my wife's aunt's cousin's son
Heard a policeman on his beat,
Say to a housemaid in Downing Street,
That he knew a man who had a friend
Who knew when the war was going to end.

—Miss Maxwell, in N. Y. Alumnæ News.

EVERY-DAY HELPS

Warm lemons before squeezing them and twice the juice will be obtained.

Dry flour applied with a newspaper is an excellent and easy way to clean tinware.

Place crumpled tissue paper in the bottom of the jar and your cookies will keep fresh and crisp.

Keep candles on the ice for a day before using on a birthday cake, and they will burn slowly and evenly.

ANNUAL REPORT OF THE DUNDAS DISTRICT FOR 1916

In presenting this the Fifth annual report of the Dundas Branch of the Victorian Order of Nurses, the Board of Management is proud to report to you the most successful year in a series of steadily progressive ones.

During the year 1916, there were held ten monthly meetings and one special. In July and August the meetings were dispensed with because so many of the Board of Management were out of town. These meetings are open to the public and we should be glad to have people interested enough to attend and show by their presence sympathy with the work. Miss Hall, Assistant Inspector, made one inspection during the year and summed up her report of the work done by the nurse as "splendid." She found all books in good order.

Glancing over the statistics contained in the preceding annual reports of both nurse and treasurer and comparing them with those of the year just closed, we feel we have splendid cause to rejoice at the very appreciable progress in the work this year and in the increased receipts in fees and we are stirred with fresh vigor to embark on the adventures of a new year.

In the nurse's report we note an aggregate of 1649 visits made during the year, as against 1455 in the preceding year—an increase of approximately 200 visits, and when one considers 1649 visits made by one nurse in a town of plenty of lengths and breadth and limited transportation, we can imagine it has been a case of tramp, tramp, tramp—the nurse goes marching, and so it has been for the major portion of the year. I might here add to banish misconceptions that creep in from time to time, the services of the Victorian Order nurses are not confined to the poor, nor to those of limited means, but are available for all classes, the only condition being, that in times of pressure of calls the needy must be given preference.

The Metropolitan Life Insurance Company work goes on most satisfactorily, the receipts in fees for the year from this work amounting to $82.75 as against $56.70 last year. This work is gratifying both to the Insurance Company and to the Victorian Order. For the benefit of those who may not understand our connection with this work, let me state the Metropolitan Life Insurance Company have an arrangement with their policy-holders in the industrial department, whereby, in case of sickness, nursing service is provided free and wherever possible they have placed this work under the care of the Victorian Order.

In addition to nursing, child welfare, casual and pre-natal visits, there were 72 school inspection visits made, the enrolment of pupils being 670, which is 129 in excess of the previous year, and this has meant a substantial increase in work for the nurse in her monthly examinations. That these visits have been productive of untold benefits, we are assured by physicians, parents and teachers, who heartily appreciate the work and realize its far-reaching effects on the health, habits and morals of children. However, this phase of the work is only in an initial stage in Dundas.

At the time of the inauguration two years ago, it was a tentative measure with the school board and they felt it necessary to move cannily, so that but a small appropriation was made to carry on the work and little or no equipment for carrying it out. The Victorian Order gladly took up the work, it being one of the specialties of the Order. The nurse accepted conditions as she found them, adjusted herself to the material at hand and has labored most zealously to give the very best service commensurate with time at her disposal.

The Board of Management has always cherished the hope that when the test had been tried out the desire for greater efficiency would impel the school board to see the inestimable benfit of broadning out the work and so increase their appropriation that we should feel safe in installing another nurse, whose work would be largely school work. We are sure the school board realize as we do that the best results cannot be obtained without follow-up work to clinch results, especially with indifferent and ignorant parents, and follow-up visits are great consumers of time, often requiring the skill, courage and tact of a finished diplomat in order to uproot deep-seated prejudices and overcome violent opposition, consequently the introduction of this phase of the work would necessitate an extra nurse and an appropriation in proportion to services rendered, but the results would be in inverse ratio to the expense.

We had hoped that something might have been accomplished along this line during the past year, but this disastrous war has so diverted the minds of the people and the demands on public sympathy and generosity have been so numerous and imperative, we felt the time was inauspicious to move unless some fairy godmother with the traditional pot of gold should loom on the horizon. We know many of the school

board individually feel the time is ripe for extending the school work and that the urgency of physical fitness, in these days of such rapid decimation was never more compelling, and, it may be, something will be done in the near future to increase the efficiency of school work, which is so vital to the after life of the community.

In connection with the school work we cannot speak too highly of the splendid assistance given by Dr. Lauchland. He gave of his time and skill freely and heartily co-operated with the nurse so that the best results might be attained and not only we, but the community at large, owe him a debt of gratitude.

The treasurer's report for the year is most re-assuring and it is very encouraging to enter upon a new year with such a promising balance. Our nurse's receipts in fees totalled for the year $559.95, which shows a gain of $144.55 over last year's receipts, notwithstanding 109 patients were attended free of charge and a few of the soldiers' families at a trifling fee. It is certainly a handsome total and redounds to the popularity and appreciation of the nurse's services.

One gratifying incident of the year was the bequest of $1000.00 to the Victorian Order by the late Mrs. J. B. Grafton, this sum to be invested and the yearly interest applied to the upkeep of the Dundas Branch. We are also indebted to the Town Council for a grant of $125.00, which was most acceptable. This was our first municipal favor and we hope for many repetitions.

In conclusion the Board of Management wishes to express the hearty appreciation of the very excellent work done by Miss Parker throughout the year. Its thanks are also tendered to the medical men who have so kindly co-operated with the work, to the Town Council, the School Board, to Mr. C. Moore for the courtesy of his columns and to all its generous subscribers whose sympathy and support have enabled the Board to carry on the work and without which assistance, even in time of prosperity, it could not manage, since the nature of the Victorian work is benevolent primarily and "the poor we have always with us."

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

I will look straight out—
See things—not try to evade them.
Fact shall be fact for me,
And the Truth the Truth forever. —A. H. Clough.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Mrs. Henderson addressed the members of the Canadian Nurses' Association on Tuesday evening, February 6th, and told them something of her visit to the hospitals at the Front. The time was so limited that she could only take us a short distance, but the journey is to be resumed, when we hope to hear more of her very interesting experiences.

She told us of her visit to St. Dunstans' where the blind soldiers do so much of the work—gardening, typing, carpentering, etc. Col. Lister has been the means of restoring so many blind in No. 8 General Hospital, yet he could not do it for his own son. His was a hopeless case. He has made others to see through their fingers and the blind and helpless are all learning something that their hands were never built for.

Lady Drummond gets in touch with the Canadians and sends a visitor to them who in turn keeps in touch with their relatives. She has been so wise in her efforts to avoid and descry all plans of segregation, for if all the Canadians were in one place the district would not be large enough to supply the men with visitors to look after their interests, which alone would be the means in many cases of retarding recovery, to say nothing of the hindrance it would be to the fostering of that spirit of Imperialism which we all want to see strengthened.

The wards in many hospitals are under-staffed. We heard of one ward of 40 patients, all needing special treatment, and only one nurse to do it all. Of other hospitals where 65 nurses looked after 1800 patients; and one could not help wondering *why? why?* when there are so many nurses anxious to help.

The cases of shell shock, where any sudden noise meant the going through the agony of the trenches over again. The awful wounds and shattered bodies—of the case where in taking off the clothing the leg

came too—and the wonderful work that was being done to restore these —of one man whose face had been shattered, the lower jaw gone, and four teeth hanging from part of his upper jaw. Part of a rib had been used to replace the jaw bone, and the face had been built up gradually from that until the work of restoration was so perfect that the man could show with great pride a photograph of himself taken before the war, to let one see how wonderfully like his former self he really was.

Mrs. Henderson spoke too of the hospital where 400 German prisoners were being treated—and their utter astonishment in receiving such care as was bestowed upon them. Of the wonderful cranes and splints that had been devised whereby the injured limbs could be moved with so much ease both to the patient and the nurse. In a ward of 52 patients there were only two nurses.

The love of the French people for their country, and their spirit of self sacrifice were beautiful to witness. Everything goes into the National Treasury. They are not getting rich on the war!! but are impoverishing themselves in order to help bring victory nearer.

H. A. DesBrisay, *Secretary-Treasurer.*

HOSPITAL MEMORIAL TO CAPT. TRUMBULL WARREN.

As a fitting memorial to their late president, Capt. Trumbull Warren, son of Mrs. H. D. Warren, "Red Gables," Wellesley street, and a member of the 15th Battalion, 48 Highlanders, who gave his life at Ypres, Belgium, on April 20, 1915, the employees of the Gutta Percha & Rubber Manufacturing Co., through their president, Mr. C. N. Candee, have presented the Superintendent of the Toronto General Hospital with $5,000, for the purpose of endowing a bed.

The bed, which has been placed in one of the men's surgical wards, bears a brass plate inscribed as follows:

"A memorial to Capt. Trumbull Warren of the 15th Battalion, 48th Highlanders, killed at Ypres, Belgium, April 20, 1915. Endowed by the employees of the Gutta Percha & Rubber Manufacturing Co."

The bed will be used as far as it is possible for soldiers only.

—Toronto Globe, January 5th, 1917.

They came from the land of the maple leaf, of sunshine and rolling plains;
East and West nobly stood the test, for the parent-blood coursed through their veins;
They did not shirk the arduous work, for they bore the Motherland's stamp;
One request did they ask, just to take up the task of "The Lady of the Lamp."

—From verses by Cpl. Franklin, in "Canada."

The Nurse's Library

Outlines of Nursing History.—The main and only objection to using as text-books the Histories of Nursing that have been in use, has been their size, and this has been avoided in Miss Goodnow's book. The subject has been neglected in the Curriculum in the past and this gives the schools a chance to obtain for their classes a clear, condensed history of nursing which every teacher will welcome. In addition to the History of Nursing, the chapters, "Great Movements in which Nurses are Concerned," "Nursing in the recent European War," "Nursing Organizations, Nursing Magazines," and the final one on "Vocational Opportunities for Nurses" are most interesting. By Minnie Goodnow, R. N., formerly Directress of Nurses, Milwaukee County Hospital; formerly superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo. 12mo. of 370 pages, with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, $2.00 net. Canadian agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont.

The Care of Gynecologic Patients.—A small volume by E. E. Montgomery, M. D., Professor of Gynecology in Jefferson Medical College, Philadelphia, dealing with the subject from the Interne's point of view rather than that of the nurse, though this book will make her work in the operating more interesting and more intelligent. The plates showing the instruments for each operation are very clear, and will be of great help. It is said that a nurse has to be a patient first in order to be a really good nurse, and the author's foreword shows that he saw the patient from another point of view. 12mo of 149 pages, with 61 illustrations. Philadelphia and London agents: W. B. Saunders Company, 1916. Cloth, $1.25 net. Canadian agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont.

Applied Bacteriology For Nurses.—A valuable book for the training schools, particularly the smaller ones. The teacher in them will find the demonstrations at the end of each chapter of the greatest value. So many books are planned for the school equipped with everything needed for the teaching of the pupils, and few realize the good work that is done in the smaller schools where the busy superintendent is often the only teacher. To her this book will give a helping hand. By Charles F. Bolduan, M. D., New York, second edition. 12mo. 188 pages, illustrated. Philadelphia and London agents: W. B. Saunders Company, 1916. Cloth, $1.50 net. Canadian agents, The J. F. Hartz Co. Limited, 24-26 Hayter Street, Toronto, Ont.

Hospitals and Nurses

LABRADOR

A brief account of Dr. Grenfell's Hospital at Harrington may be interesting to many nurses. It is situated on Hospital Island, the largest of the Harrington group. This island is about four miles from the mainland. It has on it in addition to the hospital, the Doctor's residence, Anglican and Presbyterian Churches. Connected with the hospital is a store to which the people bring fish and other produce, and in exchange get second-hand clothing, etc., which friends of the work send in. No money is accepted for these. The fully equipped hospital is under the care of Dr. West, formerly of Moncton, N. B. When he is absent on his trips up and down the coast, it falls to the lot of the nurse to act as both doctor and nurse as occasion requires. The staff is composed of the doctor, nurse, three maids and two men. The doctor travels up and down the coast for a distance of 300 miles, in the winter by dog team, and in the summer by a motor boat. They lost the larger of the motor boats last October. On returning from a trip it ran aground on a shoal and was a total loss. There are about 200 inhabitants on the island engaged in fishing in summer, and trapping in winter. They are very industrious, and have adopted all the modern methods of fishing, and a great many of the people have motor boats. In the winter the chief food consists of birds and rabbits. The women weave and make very fine hooked mats. The climate is ideal in the summer, and the chief drawback in winter is the infrequent mail, which comes on an average of once a month. All winter travelling is done by dog team. the mails being brought in the same way.

* * * *

NEW BRUNSWICK

Miss Elizabeth Jones has resigned the position of Assistant Superintendent of the General Public Hospital, St. John, and Miss Mildred Akerly has taken her place.

Miss Hegan's Private Hospital has been turned into a Military Hospital for contagious diseases. Miss M. Compton (G.P.H. 1916) is in charge, and Miss Baskin (Chipman Memorial Hospital, St. Stephens, is her assistant.

Mrs. Richards, former Superintendent of Victoria Hospital, Fredericton, has accepted the position of Superintendent of Mirimichi Hospital.

Miss Theresa Colwell, who has been doing private nursing in St. John, is now doing district nursing.

The St. John Association for the prevention of Tuberculosis is doing most excellent work. It was organized in 1909, and has a staff consisting of three doctors and a nurse. They provide a dispensary where patients are examined and treated free of charge. In addition there is a "milk and egg" fund which provides poor people with these necessities. Miss Sarah E. Brophy, the nurse in charge, is a graduate of the G. P. H., and when not on duty at the dispensary, visits the patients in their homes, instructing them, and in reporting to the local Board of Health any unsanitary conditions found.

It is with regret that the death of Miss E. P. Hegan is noted. She was a daughter of the late John and Eliza Hegan, and had devoted all her life to hospital work. In the days before the great fire of 1877 her father was one of the leading merchants of Prince William Street, in St. John, N. B.

The deceased was one of the first graduates of the Public Hospital and shortly after graduation went to Fredericton. She spent about six months there as superintendent of the Victoria Hospital, when she returned to St. John to become superintendent of the Public Hospital. After a four years' service she went to New York, where she spent three years as night superintendent of the Polyclinic Hospital. Yielding to the solicitations of prominent medical men of St. John, she returned to her native city and opened the St. John Private Hospital on Hazen Street. A few years later, needing more accommodation, she purchased the building on Pitt Street, on the southern corner of Princess Street. She took great interest in the betterment of conditions for the nurses, and greatly helped the organization of the Nurses' Association. For a period she was President of Public Hospital Alumnæ. In the various positions Miss Hegan held, the arduous duties were discharged with zeal and fidelity, and with great success. She was thoroughly devoted to hospital work, and her associates and others seeking her valuable assistance always received a kindly welcome and prompt attention. The deceased enjoyed a wide popularity and her death will be a distinct loss to the nursing profession. She is survived by one sister and three brothers, Miss Sarah A., of Charlottetown; James B., of Charlottetown; George B., of St. John, and John P., of Sudbury, Ont. The funeral will take place Tuesday afternoon from St. Stephen's Church.

* * * *

QUEBEC

The colleagues of Nursing Sister L. W. Burns (wife of Colonel G. E. Burns, R. V. H., of the Canadian Army Guards), will unite in expressing to Colonel and Mrs. Burns their cordial congratulations on the award of the Military Cross to their only son, Lieut. Edson Louis Millard Burns, of the Canadian Engineers. In addition to organizing and running the signal lines, he personally laid and repaired armoured cables under very heavy fire, displaying great courage and coolness throughout.

Sister Lillian Pidgeon (R.V.H. 1913), now at No. 3 Canadian General Hospital (McGill) has been mentioned in the despatches.

Sister Maud Austin (1912) has returned to duty at No. 3 Canadian General Hospital (McGill) after illness and convalescence in England.

Mrs. F. H. MacKay (Marion Crowell 1911) and Miss Gladys French (1914) left Montreal January 31st for overseas service.

Letters to Sisters F. H. Wylie and Gertrude Squire, A. M. C., addresed care Bank of Montreal, 9 Waterloo Place, Pall Mall, London, Eng., will always be forwarded. The last heard of Miss Squire she was in a little log hut in the Carpathians, having had a most wonderful journey through part of the enemy territory, and Miss Wylie was leaving for a casualty clearing hospital in France.

Women's Hospital, Montreal—Graduates for 1916—Misses A. Sholit, A. Wood, H. MacVicar, E. M. Calverley, and Mrs. Kirke.

Miss Sholit has not been in good health for the last three or four months, and has been doing light work in the Sanatorium at Ste. Agathe.

The Alumnae Association sent Christmas boxes to the three nurses at the front, and letters of thanks have been received for same.

We are glad to let our friends and helpers know the Women's Hospital Bazaar under the Alumnæ Association was a success.

Miss E. H. Nagle (class of 1916) who has been appointed Assistant Instructor of Probationers at Mt. Sinai Hospital, New York, is spending the month of February with friends and relatives in Ottawa.

Miss Josephine Armstrong, class of 1912, who has been for the past two years at Queen's Canadian Military Hospital, Beachborough Park, returned by the Missanabie and arrived in Montreal on February 10th, after an exciting experience passing through the danger zone.

Miss Beatrice Sanderson, class of 1916, writes from No. 1 Canadian General Hospital that she is the only R. V. H. nurse there, Miss Black having been sent to England on sick leave. She mentions a visit from Nursing Sister E. Carpenter and other R. V. H. friends, who are only eighteen miles away at McGill.

Miss Jean MacKenzie, class of 1916, of the Q.A.I.M.N.S., who is in Farnham, Surrey, England, has met with sad trouble. One brother has been killed in France; another seriously injured in hospital, having lost one eye, had both jaws fractured and other minor injuries, but is doing wonderfully well. A third brother who was in England on leave met Miss MacKenzie after her arrival there.

One of our nurses writes as follows from "Somewhere in France": "It is horribly cold here now, the ground is like iron, and water very scarce on account of the pipes being frozen. Getting up and going on duty in the morning is a nightmare; the wind goes through everything one can put on, but we think of the poor men in the trenches, and do not grumble. Personally, I am very lucky, for I am working in one of the nicest wards, in a building which is much warmer than the huts. In this ward there are one hundred and two beds, with three Sisters. One looks

after all the dressings with the Ward Master to help; another makes the beds, and the third is Charge Sister. We work hard, but in comfort, as it is all under one roof, and we change work every week.

Miss L. O'Reilly, class of 1916, has gone to Boston to take a post-graduate course in Metabolism.

Miss Edith Stuart, class of 1904, who is with No. 3 Canadian Hospital (McGill) has been in England for fourteen days' leave, one week of which she spent in the Isle of Wight, and the rest of the time in London, all of which she was enjoying immensely.

* * * *

ONTARIO

Interesting letterus have been received from Toronto nurses who have received the Christmas parcels sent to the T. G. H. Alumnae Association.

"Please accept my sincere thanks for the delightful surprise which arrived last night as fresh as if it had been posted the day before. Christmas cake, chocolate, Scotch bread all as sound as when they were packed."

"The maple sugar we had at dinner tonight, and the English and Australian sisters think Canadian Maple sugar very good."

"You do not know how much we appreciate these gifts from our friends in "Canada." You know I think that is the largest word in the English dictionary now. You need to come over here to appreciate all it does mean."

A special meeting of the G. and M. Hospital Alumnae Association for election of officers was held at the residence of Miss Irene Forham. There was a good attendance and after the meeting tea was served by Miss Forham, assisted by Miss Beaton, and a pleasant hour was spent.

The Annual Meeting—the first since election of officers for 1917—was held at the Hospital with Miss Sims presiding in the chair. After the usual business, tea was served and the meeting adjourned.

Nursing Sister Jean Sword '14, who for the last two months has been home on furlough, left recently for Overseas.

We are glad to welcome Nursing Sister Kate Wilson (1910), who is home on furlough for a few months.

The many friends of Mrs. A. W. McClintock (nee Roman), class '19 will be pleased to know that she is recovering after a serious operation, and will soon be able to return to her home in the West.

Nursing Sister Olive Kilbourne of Owen Sound is on furlough. Miss Kilbourne is a graduate of the Post Graduate Hospital, New York.

Miss Florence H. Dolson, Graduate of School for Nurses, Toronto General Hospital, class 1915, and for two years Instructress of Nurses in the Toronto General Hospital, has gone to active service with the Queen Alexandra's Imperial Nursing Service.

Miss Gladys Cameron, class 1911 H. S. C., Toronto, who spent the summer with her family in Bala, returned to New York in November. She has accepted an important position. Miss Cameron formerly held a position at the Hospital of the Rockefeller Institute, N. Y., for several years.

Miss Mary Aitken, president of the H. S. C. Alumnae Association and Mrs. Rogers (nee Miss Alice Barnes) class '14, H. S. C., who were operated upon for appendicitis in the Toronto General Hospital, have each made a most satisfactory recovery.

We are glad to report that Mrs. Stanley Adams (nee Miss Ethel Freeland, H. S. C.) has recovered from a recent illness.

Miss Grace Gowans, H. S. C. is engaged in post graduate work in the Women's Hospital, New York.

Miss Marion Winter, who has severed her connection with the Department of Public Health, Toronto, has just completed a post graduate course in the Toronto General Hospital and is now doing private nursing in the city.

Nursing Sister Marion Ruddick is engaged in transport duty and expects to arrive in Canada very shortly in care of a number of soldiers, who are invalided home.

Nursing Sister Hazel Frank (H. S. C.) who has been on duty in the Queen's Canadian Military Hospital, Shorncliffe, is now home visiting her mother. She expects to return to England about the first of March.

On November 17, 1916, in the Nurses' Residence of the Hospital for sick children, the exercises of the Graduating Class of 1916 were held. Following is the programme:

Invocation, Rev. Canon Plumptre; address with report of the Training School, Mr. J. R. Robertson, Chairman of the Trust; address, the Hon. W. J. Hannah, K. C.; distribution of Diplomas and Medals, Mrs. Clarence L. Starr; awarding of Scholarships, Dr. R. A. Reeve; presentation of prizes, Dr. Allan Baines. "God Save the King."

The exercises took place in the large reception room which was prettily decorated with flags and flowers, while the sitting, music, and library rooms were simply filled with beautiful flowers, gifts to the members of the graduating class, sent by friends and relatives. The whole lower floor was devoted to the function and was truly a pretty sight.

The exercises were opened by an invocation by Canon Plumptre, after which the Chairman announced the opening of the exercises, also giving a very interesting outline of the progress of the training school since its organization, and of the work it is doing at the present time.

The annual report of the Training School, by Miss Potts, was then read. In this report it was stated that with the graduating class of 27, the number of graduates of the school is 340. Of these 25 are on active military service in Europe and the names have been placed on our honor roll.

The Hon. W. J. Hannah, in his address to the graduating class, pointed out that the amount of success each would gain, and the degree of proficiency to which each would attain, would depend largely on her own efforts and character.

In the absence of Dr. C. L. Starr, Chief Surgeon on the staff, who is now on active military service in England, Mrs. C. L. Starr presented the diplomas and medals in the graduating class as follows: Edith A. Hodgson, Elma, Ont.; Mary Ingham, Toronto; Endora M. McBride, Lockport, N. Y.; Grace A. Mitchell, Hagersville, Ont.; Gladys J. Rippon, Woodstock, Ont.; Susie M. Smythe, Toronto; Marion G. Starr, Toronto; Daisy Watson, Huntsville, Ont.; Wilhelmina Adam, Toronto; Ethel T. Barnard, Montreal, Que.; Mary T. Burgess, Leamington, Ont.; Florence Hart, Steelton, Ont.; Sadie L. Jardine, Kemptville, Ont.; Dorothy N. MacMillan, Belleville, Ont.; Mary T. O'Hara, Ottawa, Ont; Annie K. Pears, West Toronto; Glenna Rooke, Toronto; Reta Sutcliffe, Barrie, Ont.; E. Beatrice Buchanan, Toronto; Isabel V. Butchart, Edmonton, Alta.; Catherine M. Cameron, Lancaster, Ont.; Alice O. Cook, Mount Forest, Ont.; Emily G. Greenwood, Ottawa, Ont.; Jean M. McLennan, Campbellton, N. B.; Marjorie W. Somon, Chatham, Ont.; Marion C. Starr, Toronto; Laura W. Vrooman, Toronto.

Dr. R. A. Reeve presented the scholarships to Miss Mary Ingham, Toronto, $50, first division of class; to Miss Annie K. Pears, $50, second division of class; to Miss Isabel V. Butchart, Edmonton, Alta, $50, third division of class.

These scholarships were awarded for general proficiency and highest marks in examination, professional conduct and general deportment during the three years' course. The address that accompanied the presentation of the scholarships was much appreciated.

Dr. Allen Baines, in presenting the prizes, dwelt at length upon the work of the school, both from a theoretical and practical standpoint. Having been connected with the Hospital for Sick Children for a number of years, Dr. Baines has shown a keen interest in the training school. The prizes were given to those who had received highest marks in examinations. First Division, Miss Marion G. Starr, Toronto, Ont.; Second Division, Miss Mary O'Hara, Ottawa, Ont.; Third Division, Miss Marion C. Starr, Toronto, Ont.

The formal proceedings were concluded by the singing of the National Anthem, after which the Chairman invited the audience to adjourn to the dining room, where refreshments had been provided. The remainder of the evening was spent in dancing, and a very delightful evening was brought to a close.

According to mail advices, Miss Edith Mayon, who recently resigned her position as lady superintendent of the Queen Alexandra Sanatorium here to go to England at her own expense and volunteer her services as a nurse, is now in the British War Office. It was found that she could take over work that a man was doing who wanted to be re-

leased in order to go to the front, and she accepted. Miss Mayon is an Englishwoman, but has lived in Canada many years. She came to the Royal Victoria Hospital, Montreal, as Head Nurse when that institution was opened in 1894; later became Superintendent of Victoria Hospital, London, Ontario, and for some years was in charge of one of Dr. Grenfell's hospitals on the Labrador Coast.

KINGSTON

The regular meeting of the Kingston Chapter of the G. N. A. O. was held Tuesday afternoon, February 6, at the Nurses' Residence, with about twenty-five present. The chairman, Nursing Sister Gussie Wright, presided. The minutes of the last meeting were read by Miss Fairlie and approved. The usual business was transacted and among other things it was decided that each member would provide comfort bags for the Red Cross. Also two nurses were appointed to visit sick nurses on behalf of the Chapter for the next two months.

Nursing Sister Wright made a few remarks in regard to her appointment as Chairman, and of the work she wished to accomplish during the year.

Miss McCallum, the Kingston School Nurse, gave an interesting address on "School Nursing" after which the meeting was adjourned.

* * * *

ALBERTA

The Military authorities have taken over the Strathcona Hospital, Edmonton, for wounded returned soldiers.

Miss McMillan, R. V. H. '04, has accepted a position in the Royal Alexandra Hospital at Edmonton.

Miss McRae, Miss Leila Batty and Miss Myrtle Gray, graduates of the Royal Alexandra, are overseas. Miss McRae and Miss Batty are at Shorncliffe, and Miss Gray is with the Q. A. I. M. N. S. in the Malta district.

Miss Olive Ross, R. V. H., is also in at Malta.

A bill which is interesting to the nurses in Alberta is before the Legislature. It is to provide for rural hospitals wherever they are needed.

* * * *

BRITISH COLUMBIA

Nursing Sister E. L. Craig, (grad. Vancouver General Hospital) who for the last two years has been on active service in France, with the Q. A. I. M. N. S. R., has been obliged to resign on account of ill health. Miss Craig was with the Clearing Casualty station at Poperinghe while it was shelled by the Germans for three days, and was among those mentioned in dispatches by Sir John French, "for gallant and distinguished conduct in the field."

Think of these Features in each Uniform

SNOW white; well tailored and proportioned; double stitched, guaranteed non-rip seams; and smartly styled. That is what "DIX-MAKE" means, and that is why nurses, who take a pride in their appearance and want the best, demand "DIX-MAKE."

DIX-MAKE
UNIFORMS

No. 661—Sizes 34 to 46

This well tailored model, with its low neck, long sleeves and mannish cuffs, is made of pre-shrunken "Dixie Cloth." The waist has three deep pleats on each side lending added fulness and charm.

Sold by the best department stores in nearly every city. Ask us for the name of your nearest dealer.

Send for your copy of our new Booklet "B," showing many pleasing models you will want to see and wear.

Our House Dress Booklet B-1 features many charming models. Shall we send you a copy, too?

Henry A. Dix & Sons Co.
DIX BUILDING NEW YORK CITY

The sign of a better garment — DIX-MAKE — Made in a better way

Calgary Association of Graduate Nurses

Phone Main 4451

TO any Graduate Nurse wishing to come to Calgary, the Registry of above Association would be glad to find you work here.

411 2nd Avenue West
Calgary, Alberta

The Central Registry Graduate Nurses

Supply Nurses any hour day or night.

Phone 162

HAMILTON - ONTARIO

The new Westminster Graduate Nurses' Association has arranged to furnish a bed in the Military Wing of The Royal Columbian Hospital. Owing to the absence of so many of the members, the Association found it easier to raise the amount by voluntary subscriptions amongst its own members than by undertaking any entertainment or social function.

On February 16th, the Nurses in Training of the Royal Columbian Hospital gave a social evening in the Nurses' Home. The evening was pleasantly spent in cards and dancing until 12 p. m. The proceeds, which amounted to $20.00, will go towards the furnishing of a bed in the Military Wing of the Hospital. Arrangements are being made for another evening to complete the amount necessary for one bed.

Births

MacNutt—On January 3rd, 1917, at 12D Oxford and Cambridge Mansions, Marylebone Road, London, England, to Major L. W. and Mrs. MacNutt, a son. Mrs. MacNutt was Miss Denmark, class of 1912, who went overseas with the first contingent.

Marriages

McLean-Worts—At the residence of the bride's parents, on Monday, February 19, by the Rev. Anthony Hart, rector of St. Mary's Anglican Church, Westmoreland Avenue, Edna May McKinnon, elder daughter of Mr. and Mrs. Fred. G. Worts, Delaware Avenue, Toronto, to Herbert Arnold McLean, D. D. S., of Milton, Ont. Miss Worts is a graduate of the Toronto General Hospital, class 1916.

Watton-Vanderburgh—At Toronto, January 31st, Mabel Stewart Vanderburgh to Melville Ralph Watton. Miss Vanderburgh is a graduate of the School for Nurses, Toronto General Hospital, class 1915.

Ankcorn-Struthers—At Rochester, Minn., Miss Margaret Struthers to Mr. Fred. H. Ankcorn, January 24th. Mrs. Ankcorn is a graduate of the Winnipeg General Hospital. She will make her home with Mr. Ankcorn in Palouse, Washington.

Coombs-Croskell—At New Westminster, B. C., on February 27th, 1917, Miss Alice C. Croskell, graduate of R. C. H., New Westminster, to Mr. Coombs.

Ironside-Rutherford—At Moose Jaw, Sask., on December 20th, 1916, (Mrs.) Mary Russel Rutherford (H. S. C. Toronto) to Mr. Wm. Fraser Ironside. Mr. and Mrs. Ironside will reside at 263 Fairford Avenue, Moose Jaw, Sask.

Larrley-Dunn—In Fredericton, N. B., in January, 1917, Miss Winnifred Dunn (Victoria Hospital 1916) to Mr. Frank L. Larrley. They will reside in Fredericton.

Kitchen-White—In September, 1916, Miss Bell White (Victoria Hospital, Fredericton, 1915) to Mr. H. G. Kitchen. They will reside in Fredericton.

Modern Painless Methods

YOU Nurses know the importance of good health. You know, too, how the mouth breeds disease germs. And you cannot afford to be come ill. You must safeguard your health. Come to me for a Free, Expert Examination that will determine the needs of your teeth.

Dr. Brett Anderson

Bank of Ottawa Building

602 Hastings Street W.

Vancouver, B.C.

Phone: Sey. 3331

Write or come in. Nurses in Attendance.

"It Rests your Back"

IF YOU SUFFER from that common enemy of womankind, backache, this is a message of relief to you:

Nemo Back-resting Corsets

strengthen weak back muscles and relieve backache.

The sketch shows a dainty Back-resting model of fine white coutil for slender to medium figures.

$5.75 pair

Other Back-resting Models at $5 and $7

Our Corsetiere will give you a trial fitting free.

MORE & WILSON Limited

556 Granville St. Vancouver, B.C.

For the Nurse

YOU will find in our store an especially fine assortment of guaranteed Wrist Watches suitable for nurses' use. These timepieces all have 10- or 15-jewel nickel movements, and range in price from $5.00 to $13.50.

We are particularly well equipped for the manufacture of class or other special pins, either in metal or enamel. Designs submitted without charge.

In quality of workmanship our watch and jewelry repair departments are unexcelled, and our prices are most reasonable.

O. B. Allan

Specialist in Diamonds

Granville and Pender Streets

Vancouver, B.C.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7781.

Queen Alexandra's Imperial Nursing Service

(Under the authority of the British War Office.)

Circular of Information

Nurses being sent for service with Queen Alexandra's Imperial Nursing Service are under the authority of the Canadian Army Medical Corps until their arrival in England, when the Queen Alexandra's Imperial Nursing Service assumes full responsibility.

Applicants must be graduated from a school for nurses in connection with a general hospital giving a three years' general training.

AGE—Applicant must be 25 to 45 years of age. No married women will be accepted.

NATIONALITY—Applicant must be of British parentage.

LENGTH OF SERVICE—Applicant must promise to serve for one year, renewable, or until the end of the war.

SALARY—£40 per annum; board; laundry (one guinea allowed abroad, fifteen shillings allowed in United Kingdom).

UNIFORMS—Provided in England. Nurses travel in civilian clothes; £9 allowed for outfit after arrival in England if the nurse is serving abroad, £8 being allowed if serving in United Kingdom.

TRANSPORTATION—Passage will be provided to and from Canada to destination. Return passage will not be provided if engagement terminates voluntarily by resignation or misconduct.

☞ It must be thoroughly understood that this call for nurses comes from the Queen Alexandra's Imperial Nursing Service and nurses volunteering will be directly under the supervision of the above.

☞ There is no connection between the Queen Alexandra's Imperial Nursing Service and the Canadian Army Medical Corps.

If, after carefully considering the above information, you wish to apply, send for formal application blanks at once. This unit of nurses must be appointed as quickly as possible, as nurses are greatly needed.

All communications from nurses resident in Military District No. 2 must be sent to Jean I. Gunn, Toronto General Hospital, Toronto, Ontario.

Announcement was made in Montreal in February of the death on active service in France of Constance Marie Sinclair, second daughter of the late David Sinclair of Montreal. She was a nursing sister with the 22nd General Hospital, Harvard University unit.

Heard on the Rounds.

Child, *selling tickets.*—"Please will you buy a ticket for the Juvenile Nurses' Home and the Lord Mayor's feet?"

THE
Graduate Nurses' Registry and Club

Phone Seymour 5834
Day and Night

Registrar—Miss Archibald

779 Bute St., Vancouver, B.C.

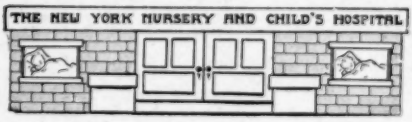
Chandler & Fisher
Limited

Surgical and Hospital Supplies

Winnipeg and Vancouver

The New York Nursery and Child's Hospital

SCHOOL AFFILIATIONS



WE ARE OPEN to affiliations with accredited schools, desiring for their pupils special training in obstetrical nursing and in the care of children, as described below; duration of each course three months—combination course six months, and special instruction in the preparation of formulae and diets for infants and children.

Care is taken to make our environment conducive to the happiness of our nurses and in all ways we aim to provide them with a well-rounded experience.

Our range for experience is wide because of the unusual combination of maternity and baby hospital: the private floor gives exceptional opportunity for observation of methods in general practice, owing to the many physicians in private attendance.

OBSTETRICS

We are prepared to give a thorough and well-balanced three months' course in OBSTETRICAL NURSING. This course includes experience in modern methods in wards and private floors. Our obstetrical work among the city poor is valuable preparation for those wishing to qualify for the widening field of municipal sanitation and social welfare work. Weekly lectures, classes and demonstrations are given, together with evening talks to nurses and patients on prenatal influences; the after-care of mother and child, hygiene, sanitation and many instructive and interesting subjects.

PEDIATRICS

A three months' course is also offered in PEDIATRIC NURSING, for those who desire especial training in the care of children. This course is invaluable in district nursing and civic child-welfare work, including as it does, experience in children's wards, observation wards, baby clinics and boarding-out system, lectures and classes. Formulae-room instruction is included in each course.

POST-GRADUATE COURSES

The above courses are offered to graduates of recognized training schools to whom a remuneration of $10 a month is allowed.

For detailed information address Miss Rye Morley, Superintendent, 161 West 61st Street, New York City.

School of Massage
The Toronto Orthopedic Hospital
Founded 1899

Only School in Canada. Weir-Mitchell System. Swedish Movements. Lectures in Anatomy and Physiology. Male and Female Pupils accepted.

Terms on application to Superintendent,

100 Bloor Street West **Toronto, Ont.**

From Chill To Crisis—

Directions: Always heat in the original container by placing in hot water. Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

In a Typical Pneumonia, In Delayed Resolution or In Protracted Crisis Antiphlogistine is indicated.

The Patient passes from extreme distress and anxiety to a condition of comparative comfort when the attending physician orders

Antiphlogistine
TRADE MARK

Applied hot and thick over the entire thoracic wall and changed at least once in 24 hours.

Send for Pneumonia Booklet

"There's Only One Antiphlogistine"

THE DENVER CHEMICAL MFG. COMPANY, MONTREAL

With Education

¶ Comes a demand for a natural shaped strong foot, and with the use of NATURAL TREADS comes a determination not to wear anything else. Surely the time has come for the protection of the human foot.

For Good Feet

EACH and every reader is urged to assist us in our fight against the use of high-heeled, narrow-toed foot and deforming boots and shoes. These instruments of torture are sure and terrible in their results, as any medical authority will advise.

Bunions, corns, hammer toes and innumerable pains and aches are caused by them.

We are the only firm in Canada specializing in and encouraging the use of scientifically correct footwear.

The "Natural Tread"

line is designed to keep the feet natural and strong. If you consider yourself a LEADER and an EXAMPLE for better things, wear shoes made like a human foot and stop this silly deforming habit of foot torture.

Get our free books "The feet, and how to treat them" and "The Army's feet and boots" and measurement forms.

All Nurses in Toronto General Hospital wear NATURAL TREADS.

Natural Tread Shoes

Limited

156 Bay Street - Toronto

BAKER'S BREAKFAST COCOA

REGISTERED TRADE-MARK

A pure, delicious and wholesome drink. Rich in food value, yet of moderate price, it possesses the natural flavor, color and aroma of high grade cocoa beans.

MADE IN CANADA by

Walter Baker & Co. Limited

Established 1780

Montreal, Canada **Dorchester, Mass.**

New York Polyclinic

Post Graduate School for Nurses

¶ Offers nine months' course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $10.00 monthly.

¶ A special course of four months' duration is offered to those specially qualified. Remuneration: board, lodging and laundry.

E. LETA CARD, R. N.

Superintendent of Nurses

341-351 West 50th Street, New York

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

Honorary President, Miss M. J. Kennedy, 1189 Yates Street, Victoria, B. C.; President, Miss Ina F. Pringle, 17 Park Road; Vice-President, Miss C. MacLellan; Secretary, Miss Jean C. Wardell, R. N., 290½ Dundas St.; Treasurer, Mrs. J. W. Wigham, 1299 Bloor St. W.

Board of Directors—Misses Wilson, Millan, Nash, Wilson, Didsbury, M. A. MacKenzie, Dyke, Kinder and J. Ferguson.

Representatives to Central Registry Committee—Misses Wardell and Didsbury.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne St.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss McVicar; Vice-President, Miss Patterson; Secretary-Treasurer, Miss Forsyth.

Programme Committee—Miss Joseph, Miss McKenzie, Miss Nash, Miss Trace.

Representative to ,'Canadian Nurse"—Miss B. Gilchrist.

Regular Meeting—First Tuesday, 8 p. m., at Victoria Hospital.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Ellis, Superintendent of Nurses, Western Hospital; President, Mrs. Gilroy, 490 Spadina Avenue; First Vice-President, Miss MacDermid; Second Vice-President, Mrs. Fortiner; Recording Secretary, Miss Lowe; Corresponding Secretary, Mrs. Weitlaufer, 97 Constance St.; Treasurer, Miss Northgrave, T.W.H.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Mrs. Valentine, Misses Beckett, Creighton and Fasken.

Committees—Visiting, Mrs. Rountree, Misses Hornsby and Ovens; Programme, Mrs. McCarthy, Misses Rose and Cook.

Representatives on Central Registry Committee—Misses Wice and Cooney.

"The Canadian Nurse" Representative—Miss Chisholm, 30 Brunswick Ave.

Regular Meeting—First Friday, 3 p. m.

OFFICERS OF THE TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION FOR 1916-17

Hon. President, Miss M. A. Sniveley; President, Mrs. N. Hillary Aubin, Apt. 22, 27 Christie Street; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss Addie McQuhae; Recording Secretary, Miss Jean McTavish; Corresponding Secretary, Mrs. M. A. Moore; Treasurer, Miss Elsie Hickey, 19 Sparkhall Avenue. Board of Directors: Misses Scadding, Purdy, Loucks.

Convener of Committees—Programme: Mrs. Percy McCullough, (nee Allen).

Press and Publication—Miss Agnes Kennedy.

Representatives on the Central Registry—Miss M. Samson, Miss S. Brick.

Alumnae meets at the Hospital First Wednesday of every alternate month.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

President—Miss Stubberfield, 1 St. Thomas St.; First Vice-President, Miss M. Power; Second Vice-President, Miss A. B. Long; Third Vice-President, Miss A. G. Gibson; Corresponding Secretary, Miss A. M. Connor, 853 Bathurst St.; Recording Secretary, Miss M. Clancy, 32 McKenzie Crescent; Treasurer, Miss B. Hinchey, 853 Bathurst St.

Board of Directors—Misses M. Goodwin, A. Kelly and L. McCurdy.

Representatives on Central Registry Committee—Miss J. B. O'Connor, Miss A. Cahill.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst St.

Representative "The Canadian Nurse"—Miss M. I. Foy, 163 Concord Ave.

Regular Meeting—Second Monday every two months.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

President—Miss Mary Aitken, 593 Spadina Avenue.
First Vice-President—Miss Eleanor Butterfield, 221 Elizabeth Street.
Second Vice-President—Miss Dorothy Burwash, 221 Elizabeth St.
Treasurer—Miss Ivy Anderson, 210 Bloor St. East, Apt. 15.
Recording Secretary—Miss A. Rolph, 105 Roxborough St. East.
Corresponding Secretary—Miss M. Daly, 308 Jarvis St., Apt. "D."
Registry Representatives—Miss Aitken, Miss B. Hall.
Sick Visiting Committee—Miss Ewing, Miss Dingwell, Miss Winter.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Mrs. Newson, 87 Pearl Street North; Vice-President, Miss McColl, 23 Ontario Avenue; Secretary, Miss Sabine, 113 Sanford Street; Treasurer, Mrs. Jarvis, 139 Oak Avenue; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue. Committee—Misses B. Aitken, Pegg, Binkley, Kennedy, Buckbu.

The Canadian Nurse Representative—Miss E. L. Taylor, Strathcona Apts.
Regular Meeting—First Tuesday, 3.30 p. m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss M. Greer; Corresponding Secretary, Miss Cunningham; Recording Secretary, Miss L. Smith; Treasurer, Miss Irvine, 596 Sherbourne St.

Directors: Misses Rowan, Burnett, Pearen, Finney, Mrs. McKeown.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Sick, Miss Goldner.

Representative to "The Canadian Nurse"—Miss Elsie Henderson.
Representative on Central Registry Committee—Misses Irvine and Hammill.
Regular Meeting—Second Tuesday, 3 p. m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

Prsident, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.
Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.
Representatives on Central Registry Committee—Misses Piggott and Rork.
Representative "The Canadian Nurse"—Miss J. G. McNeill.
Regular Meeting—First Thursday, 8 p. m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

President, Miss A. C. Starr, 753 Wolsley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolsley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolsley Ave.; Treasurer, Miss J. Tracy, 244 Arlington St.

Conveners of Committees—Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolsley Ave.

Regular Monthly Meetng—Second Thursday at 3 p. m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Honorary President, Miss J. Craig, Superintendent of Nurses, Western Hospital; President, Miss Wright, 30 Souvenir Avenue; First Vice-President, Miss Birch, Western Hospital; Second Vice-President, Miss Douglas, 826 Bloomfield Avenue; Secretary-Treasurer, Miss Reinhardt, 76 St. Matthew St.

Conveners of Committees—Finance, Miss B. Dyer; Programme, Miss McBeath; Membership and Visiting, Miss Nichol; General Nursing and Social, Miss Moore.

Representative to "The Canadian Nurse"—Miss M. Doherty.
Regular Meeting—First Monday, 4 p. m.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL TRAINING SCHOOL FOR NURSES, WESTON, ONT.

Honorary President, Miss E. McP. Dickson, Superintendent of Nurses, Toronto Free Hospital; President, Miss J. D. Bryden, Toronto Free Hospital; Vice-President, Miss K. Bowen, Farringdon Hill, Ont.; Secretary, Miss Nora E. Acton, Toronto Free Hospital; Treasurer, Miss M. Ryan, Toronto Free Hospital.

Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

Press Representative—Miss C. I. Bobbette, Toronto Free Hospital.

Regular Meeting—Second Friday, every second month.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Frances Sharpe, Woodstock Hospital; President, Mrs. V. L. Francis, 82 Delatre St.; Vice-president, Mrs. A. T. MacNeill, 146 Wilson St.; Recording Secretary, Miss M. H. Mackay, R. N.; Assistant Secretary, Miss Anna Elliott; Corresponding Secretary, Miss Kathleen Markey; Treasurer, Miss Winifred Huggins; Representative The Canadian Nurse, Miss Bertha Johnston.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO, INCORPORATED 1908

President—Miss Kate Madden, superintendent of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Matherson, Riverdale Hospital, Toronto; Recording Secretary, Miss I. McP. Dickson, Superintendent of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave. E., Toronto.

Board of Directors—Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Intis, M. J. Allan, M. L. Anderson, S. B. Jackson, Isobel Sloane, G. Burke, Toronto; Mrs. Reynolds, Miss Eimons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

A CEREAL FOOD

different from all others

because it contains the natural digestives—Trypsin and Amylopsin.

It is used regularly in Hospitals, Sanatoria, Nursing Institutions, etc., throughout the world, and prescribed and recommended by leading physicians in practice and in many standard medical works.

The outstanding feature of Benger's Food is its power of self-digestion, and milk modification, due to the two digestive principles contained in it. This occurs during its preparation with fresh new milk and is simply regulated by allowing the Food to stand from 5 to 45 minutes; it is stopped by boiling.

Benger's Food

FOR INFANTS, INVALIDS AND THE AGED.

A physician's sample with analysis and report will be sent post free, upon application to any member of the Medical Profession.

BENGER'S FOOD LTD., MANCHESTER, ENG.

or from their Wholesale Agents in Canada:—The National Drug and Chemical Co. of Canada Limited, Montreal, or any of their Branches at—

Halifax, N.S. Winnipeg, Man. Vancouver, B.C. Victoria, B.C. Nelson, B.C. St. John, N.S.
Toronto, Ont. Ottawa, Ont. London, Ont. Hamilton, Ont Calgary, Alta. Regina, Sask.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro-and Hydro-Therapy

Theoretical and practical instruction, Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Graduates recommended to institutional positons. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Spring Class opens April 11th, 1917

Summer Class opens July 11th, 1917

Duration of Terms: Four Months and Eight Months

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1705 GREEN STREET, PHILADELPHIA, Pa.

COMPARE the most expensive talcum you ever bought, for fineness, softness, perfume and comfort, with

NA-DRU-CO
ROYAL ROSE
TALCUM POWDER

at 25c. a tin and you'll wonder why you ever paid more, or bought any other than "Royal Rose." Ask your druggist for it.

NATIONAL DRUG & CHEMICAL CO. OF CANADA, LIMITED

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

Honorary President, Miss Elizabeth G. Flaws, R. N.; President, Miss Gladys Gustin; Vice-President, Miss Ethel Hogaboom; Secretary-Treasurer, Miss Helen Carruthers, 552 Huron Street, telephone, Hillcrest 4233. Executive Committee: Miss Anna Stedham, Miss Clara McNeill, with the foregoing.

H. CARRUTHERS, Sec.-Treas.

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

Printing of the Better Class

EVANS & HASTINGS LIMITED VANCOUVER B.C.

In the Arts and Crafts Building Seymour Street

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Avenue, CHICAGO

The prudent practitioner, being guided by the dictates of experience, relieves himself from disquieting uncertainty of results by safeguarding himself against imposition when prescribing
ERGOAPIOL
(Smith)
The widespread employment of the preparation in the treatment of anomalies of the menstrual function rests on the unqualified indorsement of physicians whose superior knowledge of the relative value of agents of this class stands unimpeached.
By virtue of its impressive analgesic and antispasmodic action on the female reproductive system and its property of promoting functional activity of the uterus and its appendages, Ergoapiol (Smith) is of extraordinary service in the treatment of
AMENORRHEA, DYSMENORRHEA
MENORRHAGIA, METRORRHAGIA
ETC
ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules. DOSE: One to two capsules three or four times a day. Samples and literature sent on request.
MARTIN H. SMITH COMPANY, New York, N. Y., U. S. A.

FELLOWS' SYRUP
of the
HYPOPHOSPHITES

promotes

Appetite Energy Vitality

Not an untried experiment but a Tonic remedy whose efficacy has been fully demonstrated during half a century of practical application.

HAVE YOU TRIED IT?

Samples and Literature sent upon request

FELLOWS MEDICAL MANFG. CO., Inc.

THE FELLOWS MEDICAL MANFG. CO. INC. 26 CHRISTOPHER ST NEW YORK

New Text Books for Nurses

CARE OF PATIENTS UNDERGOING GYNECOLOGIC AND ABDOMINAL PROCEDURES—Before, during and after operations. By E. E. Montgomery, A. M., M. D., Professor of Gynecology in Jefferson Medical College. Price, $1.25.

ORTHOPEDIC SURGERY FOR NURSES—By John McN. Berry, M. D., Clinical Professor of Orthopedics and Rontgenology at the Albany Medical College, New York. Price, $1.00.

THE OPERATING ROOM—A Primer for Pupil Nurses. By Amy A. Smith, formerly Superintendent of New Rochelle Hospital, New York. Price, $1.50.

The J. F. Hartz Co. Limited

24-26 Hayter Street **TORONTO**

New York School of Medical Gymnastics and Massage

664 Lexington Ave. NEW YORK, N.Y.

A. PRACTICAL: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. THEORETICAL: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

C. Special Course in Electricity.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the Following Hospitals:
Roosevelt, New York, New York
Past Graduate Bellevue and others

Boston Courses in Public Health Nursing

THE DEPARTMENT OF PUBLIC HEALTH NURSING OF SIMMONS COLLEGE, in connection with the Instructive District Nursing Association and the School for Social Workers, offers to qualified nurses a course in preparation for public health nursing, extending from September, 1917, to June, 1918.

At Simmons College, the work includes courses in applied bacteriology, municipal, rural and industrial sanitation, social legislation, sex hygiene and principles of teaching: at the School for Social Workers, lectures and conferences on principles and methods of social work, with practical field work under the direction of a social agency. Practical experience in the various branches of public health nursing is arranged and supervised by the Instructive District Nursing Association.

TUITION FEE, $80.00

THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION offers to qualified nurses a four months' course designed to give a basis for the varieties of public health nursing and social work where nurses are in demand. By means of lectures, conferences and supervised practical work, instruction is given in the various forms of visiting nursing, including its preventive and educational aspects. Experience is also given in the methods of organized relief.

TUITION FEE, $20.00

Both courses lead to certificates. For particulars of either course, for application blanks and scholarships, apply to

MISS ANNIE H. STRONG
561 Massachusetts Avenue, Boston, Mass.

The Woman's Hospital in the State of New York

West 110th Street

A POST GRADUATE COURSE of six months is offered in surgical, gynecological and obstetrical nursing, operating and sterilizing-room work. Twenty-five lectures are given by the Attending Surgeons and Pathologist. A special Nurse Instructor holds weekly classes with demonstrations, reviewing nursing subjects, leading to Regents' Examination if desired. Experience in the wards is supplemented by talks on Hospital and Training School management. Service in Out-Patient, Electric, and Cystoscopic Clinics, Drug Room, Kitchen, Laundry, etc., is elective. Work in Social Service is awarded those showing special fitness for it.

The Hospital is ideally situated on Cathedral Heights, near the Hudson River, and is cool and comfortable in summer. Nurses from the South will find New York delightful.

On completion of the Course a diploma is awarded. The School maintains a Registry for its graduates.

For further information apply to

Directress of Nurses

The Central Registry of Graduate Nurses

Begs to inform the physicians of Ontario that they are prepared to furnish private and visiting nurses at any hour—day or night.

TELEPHONE MAIN 3680

295 Sherbourne Street, TORONTO

MISS EWING
REGISTRAR
Graduate Sick Children's Hospital
Toronto

Pepto-Mangan (Gude)

Made in Canada

WHILE owned, controlled and manufactured in the United States, this standard Hematinic and general tonic is also manufactured in Canada, in order to more promptly meet the increasing demand due to its popularity among the medical men of the Dominion. Prescribed by physicians everywhere for more than twenty-five years.

SUPPLIED IN 11-OUNCE BOTTLES ONLY. NEVER SOLD IN BULK

LEEMING-MILES CO., LTD., MONTREAL, Agents

M. J. BREITENBACH COMPANY
New York, U.S.A.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative know, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

FOR SALE BY ALL DRUGGISTS

The MALTINE COMPANY
88 Wellington Street West, TORONTO

WEDDING CAKES
A SPECIALTY

COLES

Caterer and Manufacturing Confectioner

719 Yonge Street, Toronto

The Graduate Nurses' Residence and Registry

PHONE SHERBROOKE 620
DAY OR NIGHT

753 Wolseley Ave., WINNIPEG